Substance Abuse Prevention and Treatment Agency 2006 Biennial Report

Nevada Division of Mental Health and Developmental Services
Department of Health and Human Services

Jim Gibbons, Governor
Michael J. Willden, Director
Department of Health and Human Services

Carlos Brandenburg, Ph.D., Administrator
Division of Mental Health and Developmental Services
January 2007

This Page is Intentionally Left Blank

Nevada Division of Mental Health and Developmental Services
Department of Health and Human Services

Substance Abuse Prevention and Treatment Agency 2006 Biennial Report

Maria D. Canfield, M.S., Agency Director
Brad Towle, M.A., M.P.A., Supervising Health Program Specialist II
William Bailey Jr., B.S., Health Program Specialist I
JoAnne Malay, RN, M.P.H., Health Program Specialist I
Vidya Kailash, M.P.H., Health Program Specialist I

This Page is Intentionally Left Blank

TABLE OF CONTENTS

Page

List of Charts ii
List of Maps ii
List of Figures iii
List of Tables iii

I. AGENCY OVERVIEW 1
Agency Overview 1
Treating Addiction as a Brain Disease 3

II. PREVALENCE OF USE 4
SAPTA Admission Statistics 4
Alcohol 4
Methamphetamine 5
Marijuana / Hashish 7
Cocaine / Crack Cocaine 8
Heroin / Morphine 8

III. FISCAL AND DATA 8
Fiscal Accomplishments 8
SAPTA Revenue Sources 9
SAPTA Expenditures 11
Nevada Health Information Provider Performance System (NHIPPS) 11
Performance Based Funding for Treatment 12
National Outcome Measures 12

IV. TREATMENT 14
Treatment Overview 14
Treatment Accomplishments 16
Need for Treatment 17
Adolescent Need for Treatment 19
Clients in Treatment 21
Adolescent Clients in Treatment 22
Substance Abuse and Crime 22
Trends in Treatment 23
Coordination of Services & Co-occurring Disorders 24
Health Insurance Coverage 26
Treatment Charts and Tables 26
Certified Treatment Programs 37
Other Important Contact Information 45

V. PREVENTION 46
Prevention Overview 46
Prevention Accomplishments 47
Need for Prevention Programs 48
Prevention Participants Served 48
Coalition Building & Strategic Prevention Framework 49

TABLE OF CONTENTS (Continued)

Page

Safe and Drug Free Schools....51
State Incentive Grant....52
State Prevention Framework State Incentive Grant....54
Synar Program....55
Prevention Charts and Tables....56
Certified Prevention Programs....62
Prevention Coalitions....69

LIST OF CHARTS

Page

Chart 1: SAPTA Revenue Sources, SFY 2001....10
Chart 2: SAPTA Revenue Sources, SFY 2006....10
Chart 3: SAPTA Expenditures, SFY 2006....11
Chart 4: SAPTA Admissions, SFY 2000 - 2006....28
Chart 5: Adolescent Treatment Admissions, SFY 2000 - 2006....29
Chart 6: Male and Female Admissions, SFY 2002 - 2006....30
Chart 7: Admissions to Treatment by Race/Ethnicity, SFY 2004 - 2006....31
Chart 8: Admissions to Treatment by Referral Source, SFY 2004 - 2006....32
Chart 9: Admissions to Treatment by Area of Residence, SFY 2002 - 2006....33
Chart 10: Admissions to Treatment by Drug of Choice, SFY 2004 - 2006....34
Chart 11: Pregnant Women and Injection Drug Users Admissions to Treatment, SFY 2004 - 2006....35
Chart 12: Admissions to Treatment by Level of Care, SFY 2004 - 2006....36
Chart 13: SAPTA Prevention Participants, SFY 2002 - 2006....57
Chart 14: Prevention Participants by Area Served, SFY 2002 - 2006....58
Chart 15: Prevention Participants by Gender, SFY 2002 - 2006....59
Chart 16: Prevention Participants by Race/Ethnicity, SFY 2002 - 2006....60
Chart 17: Prevention Participants by Age Group, SFY 2006....61

LIST OF MAPS

Page

Map 1: Provider Admissions for Methamphetamine / Amphetamines in SFY 2006 by Zip Code....6
Map 2: Provider Admissions for all Drugs in SFY 2006 by Zip Code....27
Map 3: Coalition Locations and Counties Served....51

LIST OF FIGURES

Page

Figure 1: SAPTA Funded Providers Methamphetamine Admissions by Primary Drug of Choice, SFY 2002 - 2006 5
Figure 2: Percentage of BRFSS Respondents Who Are Binge Drinkers 18
Figure 3: Percentage of BRFSS Respondents Who Are Heavy Drinkers 19
Figure 4: Adult Arrests for Drug & Alcohol Related Crimes in Nevada, 2000 - 2005 22
Figure 5: Drug Related Murders in Nevada, 2000 - 2005 23
Figure 6: Health Insurance Coverage, SFY 2006 26
Figure 7: Synar Noncompliance Rate for Nevada, FFY 2002 - 2006 56

LIST OF TABLES

Page

Table 1: Admissions to SAPTA Funded Providers by Drug of Choice, SFY 2006 4
Table 2: SAPTA Revenue Sources, SFY 2001 & SFY 2006 9
Table 3: Substance Abuse Treatment and Prevention National Outcome Measures 13
Table 4: Estimates of the Number of Individuals with Alcohol or Drug Abuse or Dependence Problems Statewide and Regional, 2006 17
Table 5: Unmet Demand Estimate for Substance Abuse Treatment, SFY 2006 18
Table 6: YRBS Questions—Alcohol and Other Drug Use Risk Factors Significantly Different Than Those Nationwide, 2005 20
Table 7: Waiting List Trend Data, SFY 2002 - 2006 21
Table 8: SAPTA Admissions, SFY 2000 - 2006 28
Table 9: Prevention Clients Served and Literature Distributed, SFY 2004 - 2006 49
Table 10: Coalition Prioritized Risk Factors 50
Table 11: Where SAPTA Managed Safe and Drug Free Schools Dollars Go, November 2006 52
Table 12: SAPTA Prevention Participants, SFY 2002 - 2006 57
Table 13: Prevention Participants by Strategy, SFY 2006 58

This Page is Intentionally Left Blank

I. AGENCY OVERVIEW

Agency Overview

Our Mission:

The mission of the Substance Abuse Prevention and Treatment Agency is to reduce the impact of substance abuse in Nevada.

The Substance Abuse Prevention and Treatment Agency (SAPTA) is located within the Nevada Division of Mental Health and Developmental Services (MHDS)[1], in the Department of Health and Human Services. It is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant issued through the Substance Abuse and Mental Health Services Administration (SAMHSA). The Agency has an office at 4126 Technology Way, 2nd Floor, in Carson City and an office located at 4220 South Maryland Parkway, Building D, Suite 806, in Las Vegas.

The Agency does not provide direct substance abuse prevention or treatment services. It provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.

SAPTA actions are regulated under Nevada Revised Statutes (NRS) *Chapter 458 – Abuse of Alcohol and Drugs* and Nevada Administrative Code (NAC) *Chapter 458 – Abuse of Alcohol and Drugs*. Additionally, SAPTA and/or its subgrantees must meet certain requirements found elsewhere in the NRS, Code of Federal Regulations (CFR), Circulars published by the Office of Management and Budget (OMB), and/or Public Laws passed by the U.S. Congress. A related list, where other rules and regulations SAPTA implements and/or operates under, is shown below:

- NRS Chapter 484 – *Traffic Laws*
- 45 CFR, Part 74 – *Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations; and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments*
- 45 CFR, Part 96 – *Substance Abuse and Treatment Block Grants*
- 42 CFR, Part 2 – *Confidentiality of Alcohol and Drug Abuse Patient Records*
- OMB Circular A-133 – *Audits of States, Local Governments, and Non-Profit Organizations*
- Public Law 104-191 – *Health Insurance Portability and Accountability Act of 1996*
- Public Health Services Act – *Sections 516, 1921, 1922, 1923, 1925, 1926, 1946, 1947, and 1953*

In accordance with Nevada Revised Statutes (NRS) 458.025, the functions of SAPTA include:

1. Statewide formulation and implementation of a state plan for prevention, intervention, treatment, and recovery of substance abuse.

[1] State Fiscal Year 2006 was a year of transition where SAPTA (formerly the Bureau of Alcohol and Drug Abuse) prepared for a move from the Nevada State Health Division to its new location in MHDS. The move to MHDS became effective December 2006.

Agency Overview Continued

2. Statewide coordination and implementation of all state and federal funding for alcohol and drug abuse programs.
3. Statewide development and publication of standards for certification and the authority to certify treatment levels of care and prevention programs.

In order to best serve the citizens of Nevada, Agency staff is organized into five teams:

- The Data, Planning, and Evaluation team, which performs planning and evaluation functions and collects and reports data as required by SAMHSA.
- The Fiscal team which performs all financial functions.
- The Prevention team which provides oversight and technical assistance to Nevada's prevention program providers. This team is further divided into two teams: one managing State Infrastructure Grant programs and the other managing Block Grant programs.
- The Treatment team, which provides oversight and technical assistance to Nevada's treatment providers.
- The Support Staff team, which performs functions for the other teams and the Agency in general.

The Agency provides regulatory oversight and funding for community-based organizations. Prevention is a process that prepares and supports individuals and communities in the creation and reinforcement of healthy behaviors and lifestyles. SAPTA funds prevention programs to reduce and prevent substance abuse statewide. Subgrantees are funded to provide one or more of the six prevention strategies that are promoted by the Center for Substance Abuse Prevention (CSAP). The six strategies include: information dissemination, prevention education, alternative activities, problem identification and referral, community based processes, and environmental strategies.

The Agency currently funds private, non-profit treatment organizations and government agencies statewide to provide the following substance abuse related services and treatment levels of care: Comprehensive Evaluations, Early Intervention, Civil Protective Custody, Detoxification, Residential, Intensive Outpatient, Outpatient, Transitional Housing, and Opioid Maintenance Therapy for adults that must be delivered in conjunction with outpatient treatment levels of care. Recently, the Agency established the Telecare modality to respond to the geographic needs of citizens in remote areas of the state. Additionally, Telecare now provides licensed staff an opportunity to support substance abuse issues through the means of advanced technology.

Through the adoption of Programs Operating and Access Standards (POAS), SAPTA funded treatment providers are required to implement evidence-based treatment practices based on scientific research. Quality substance abuse treatment programs are designed to coordinate services that support both client counseling and provide a continuum of care. The National Institute on Drug Abuse (NIDA) has developed a research-based guide to treatment (*Principles of Drug Addiction Treatment)* that is utilized in the treatment field. Additionally, programs treating substance related disorders use the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), in conjunction with NIDA principles, to determine an appropriate level of care. The Agency works closely

Agency Overview Continued

with funded providers through the SAPTA Advisory Board. The Advisory Board is made up of funded prevention and treatment providers and meets bi-monthly. It serves in an advisory capacity to the State MHDS Administrator and the SAPTA Agency Director. In calendar years 2000-01, the Agency worked closely with the Advisory Board to develop a comprehensive strategic plan. This plan was broken out in seven parts; Treatment, Prevention, Evaluation, and Special Populations (Adolescents, HIV & TB Services, Injection Drug Users, Pregnant & Parenting Women). In December 2005, SAPTA again began the strategic planning process. Various committees and groups have been active in the process including: the SAPTA Advisory Board, the State Prevention Framework State Incentive Grant (SPFSIG) Epidemiological Workgroup, and the Governor's Advisory Committee for the State Incentive Grant (SIG). Additionally, input was gathered from a variety of sources including prevention providers, treatment providers, and coalition representatives.

The target completion date for the new strategic plan is January 2007. It will address the following three topics which were identified in the planning process:

- Prevention
- Treatment
- Agency Operations

Treating Addiction as a Brain Disease

Addiction to alcohol and/or drugs is a treatable, chronic, relapsing, primary disease of the brain. Prolonged alcohol and/or drug abuse produces a change in brain chemistry and function that eventually leads to compulsive use. Once substance use becomes compulsive, most people need support and treatment to become drug-free. As substance addiction is both psychological and physical, sustained recovery is dependent on providing a continuum of treatment care as well as an effective recovery support system once an individual achieves abstinence. Because of the physical changes in the brain, substance addiction to alcohol and/or drugs is diagnosed as a primary disease as are other chronic diseases such as asthma, diabetes or high blood pressure.

Alcohol and/or drug addiction is often accompanied by mental, occupational, health, and/or social problems making addictive disorders difficult to treat. Additionally, the severity of addiction itself varies widely among people. Because of addiction's complexity and pervasive consequences, treatment often utilizes a multifaceted approach with many components. While some components focus directly on the individual's substance use, others focus on restoring productive family and society involvement.

Addiction to alcohol and/or drugs is treatable, and as a chronic disease, relapses are not uncommon. Not all substance dependencies are caused by illicit drug use, but sometimes arise as a result of treatment for health problems and chronic pain. Understanding that addiction is a brain disorder helps explain the difficulty individuals have in achieving and maintaining abstinence without treatment and recovery support. This also explains the recidivism associated with substance abuse treatment, and why the cumulative impact of multiple treatment episodes is often needed to obtain prolonged abstinence.

II. PREVALENCE OF USE

SAPTA Admission Statistics

In state fiscal year (SFY) 2006, the Agency's data showed the five most prevalent drugs for SAPTA funded treatment admissions were: 1) Alcohol (35.8%); 2) Amphetamine/ Methamphetamine (32.5%); 3) Marijuana/Hashish (13.9%); 4) Cocaine/Crack Cocaine (7.8%); and 5) Heroin/Morphine (6.0%).[2]

Admission data from SAPTA funded providers indicated alcohol was the most frequent primary drug of abuse by adults, marijuana/hashish was the most frequent primary drug of abuse by adolescents, and methamphetamine abuse was the most frequent primary drug of abuse for pregnant women. Below, Table 1 details SFY 2006 admission data by drug of choice.

Table 1: Admissions to SAPTA Funded Providers by Primary Drug of Choice, SFY 2006

Substance	All Adults		All Adolescents		Total Admissions		If Pregnant*	
	No.	%	No.	%	No.	%	No.	%
Alcohol	3,782	38%	278	19%	4,060	36%	29	8%
Methamphetamine/Other Amphetamine	3,307	33%	384	26%	3,691	32%	237	69%
Marijuana/Hashish	871	9%	704	47%	1,575	14%	42	12%
Cocaine/Crack	852	9%	33	2%	885	8%	24	7%
Heroin/Morphine	651	7%	27	2%	678	6%	3	1%
Other	402	4%	63	4%	465	4%	11	3%
Total	**9,865**	**100%**	**1,489**	**100%**	**11,354**	**100%**	**346**	**100%**

*Less than 3 percent of the 346 pregnant clients admitted to treatment were adolescents.

Alcohol

As a legal drug, alcohol used in moderation gains a general level of societal acceptance. Thirty-six percent of SFY 2006 admissions to SAPTA funded treatment facilities were for alcohol. The U.S. Department of Health and Human Services reported in the *State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health* (NSDUH) that 8.23% of people 12 years of age and older in Nevada had reported past year alcohol dependence or abuse compared to a National average of 7.62%. After applying that percentage to the 2006 population estimates from the State Demographer, it is estimated that roughly 172,400 Nevadans had alcohol dependence or abuse problems last year. In addition to problems associated with addiction, alcohol use is related to the following health and social problems:

Drinking and Driving – Although most states set the legal limit for blood alcohol level (BAC) at 0.08%, certain skills can be impaired by a BAC as low as 0.02%. One hour after drinking two 12-ounce beers on an empty stomach, a 160 pound man will have a BAC of about 0.04%.

[2] Based on primary drug of abuse only. Methamphetamine was involved with approximately 45% of all treatment admissions when considering primary, secondary and tertiary drugs of abuse.

Alcohol Continued

Interactions with Medications – There are more than 150 medications that should not be mixed with alcohol. For example, drinking alcohol with antihistamines for colds or allergies will increase drowsiness, and drinking while taking acetaminophen (Tylenol®) can increase the risk of serious liver damage.

Social and Legal Problems – The more heavily one drinks, the greater the potential for problems at work or with friends. These problems may include arguments, strained relationships with coworkers, absenteeism from work, loss of employment and committing or being a victim of violence.

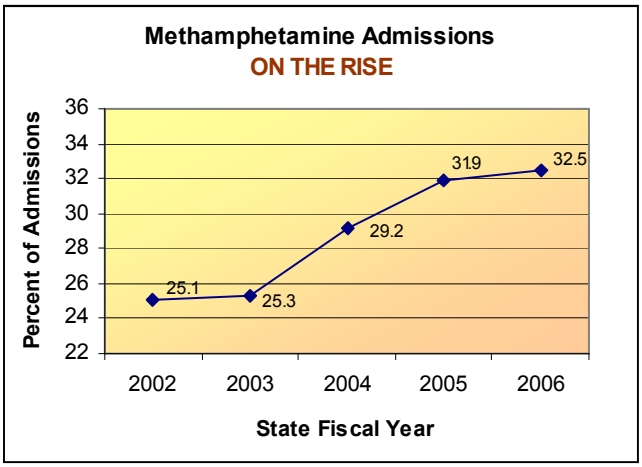
Alcohol Related Birth Defects – Drinking during a pregnancy can cause lifelong learning and behavioral problems for the child. A very serious condition, clinically named fetal alcohol spectrum disorder (FASD), causes children to be born with severe physical, mental and behavioral problems.

DRINKING DURING PREGNANCY:

According to the Centers for Disease Control and Prevention, there is no known safe amount of alcohol to drink while pregnant and there also does not appear to be a safe time to drink during pregnancy either. Therefore, it is recommended that women abstain from drinking alcohol at any time during pregnancy. Women who are sexually active and do not use effective birth control should also refrain from drinking because they could become pregnant and not know for several weeks or more.

Methamphetamine

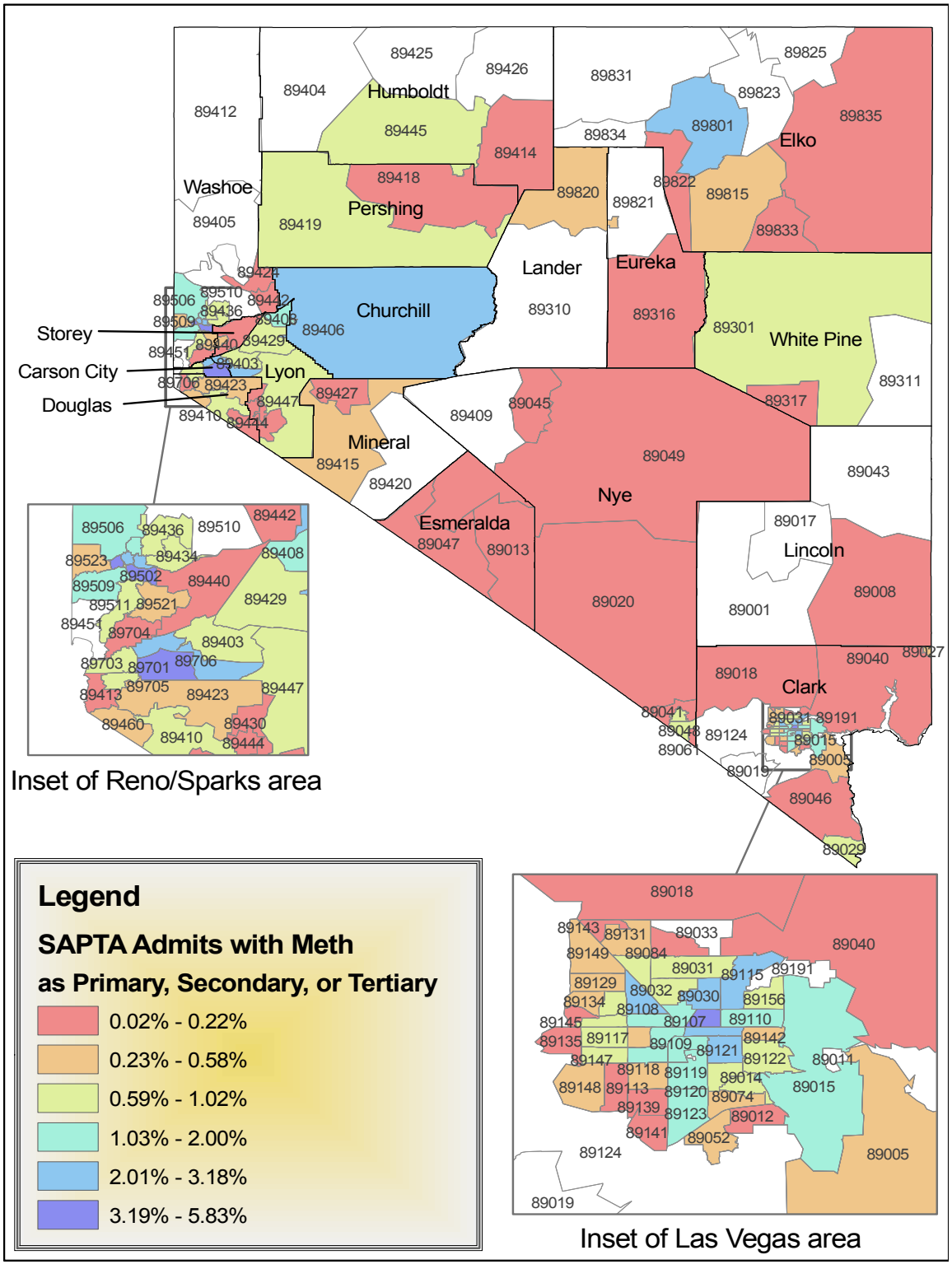
Figure 1: SAPTA Funded Providers Methamphetamine Admissions by Primary Drug of Choice, SFY 2002 - 2006



Methamphetamine is a derivative of amphetamine, a powerful stimulant that affects the central nervous system. Amphetamines were originally intended for use in nasal decongestants and bronchial inhalers and have limited medical applications, which include the treatment of narcolepsy, weight control and attention deficit disorder. Methamphetamine increases energy and alertness, decreases appetite, and can be smoked, snorted, orally ingested, or injected. Mexican drug trafficking organizations monopolize the large-scale methamphetamines trade in Nevada. The manufacture of methamphetamine occurs on a limited basis in Nevada -- where it is typically manufactured in small quantities of under one ounce per cook. Three of the more common names used for these drugs are “Meth,” “Crank,” or “Crystal Meth,” but, there are also several other street names used in various geographic locals. In SFY 2006, approximately 45% of admissions to SAPTA funded treatment facilities involved methamphetamine as a Primary, Secondary, or Tertiary substance of abuse. In federal fiscal

Metham-phetamine Continued

Map 1: Provider Admissions for Methamphetamines / Amphetamines in SFY 2006 by Zip Code



Note: non colored zip codes had zero admits

Methamphetamine Continued

year 2005, 60.0% of drug related federal sentences in Nevada involved methamphetamine.[3] Methamphetamine has become the principal drug of concern in Nevada for law enforcement agencies. Figure 1 on page 5 details the rise in methamphetamine admissions by primary drug of choice to SAPTA funded treatment providers. In the past five years, the percent of methamphetamine admissions as primary drug of choice in SAPTA funded programs has increased 29.5%. In SFY 2006, 40.6% of adolescent admissions involved methamphetamine as the primary, secondary or tertiary drug of abuse. The map on the previous page shows where clients admitted to treatment in SAPTA programs for methamphetamine/amphetamine were from based on resident zip code.

In SFY 2006, 40.6% of adolescent admissions involved methamphetamine as the primary, secondary or tertiary drug of abuse

METHAMPHETAMINE RELATED NOTE REGARDING PSEUDOEPHEDRINE:

In an effort to fight the war on methamphetamine production in the United States, the FDA, in compliance with the Combat Methamphetamine Epidemic Act of 2005, put into effect, on September 30, 2006, new legal requirements for the legal sale and purchase of drug products containing pseudoephedrine, ephedrine, and phenylpropanolamine. Pseudoephedrine is a drug found in both prescription and over-the-counter cold medicines used to relieve nasal or sinus congestion. Unfortunately, it can also be used illegally to produce methamphetamine. The sale of cold medicine containing pseudoephedrine is limited to behind the counter. Furthermore, the amount of pseudoephedrine that an individual can purchase each month is limited and buyers are required to present identification to purchase products containing pseudoephedrine. In addition, sellers are required to keep personal information about purchasers for at least two years. Although this new act increases regulations on pseudoephedrine sales nationally, Nevada has had regulations in place that limit the amount of pseudoephedrine containing products an individual can purchase since 2001.

Marijuana / Hashish

The most commonly used illicit drug and the number one cause of adolescent treatment admissions in Nevada involve marijuana as the primary drug of choice. Marijuana is a mixture of the dried leaves, stems, seeds, and flowers of the hemp plant (Cannabis sativa). The active ingredient in marijuana is Delta-9-tetrahydrocannabinol (THC). Hashish consists of the THC-rich resinous material of the cannabis plant and averages 2% to 8%, but can contain as much as 20%. Total admissions to SAPTA funded treatment programs for marijuana/hashish abuse and dependence as the primary drug of choice was 13.9%, however the rate for adolescents was 47.3%, a much higher rate (SFY 2006). Marijuana use by adolescents is a cause for concern because research has shown that when younger people start using drugs, the more likely they are to develop abuse and dependence problems later in life. Moreover, marijuana is considered to be a gateway drug to other illicit drugs. The data from the 2005 Youth Risk Behavior Survey (YRBS),[4] indicates that Nevada youth are statistically more likely to have tried marijuana for the first time before age 13 than are the nations youth. Results from the 2005 YRBS indicate that 12.3% of Nevada's high school students had tried marijuana before the age of 13 compared to the national average of 8.7%.

[3] "State of Nevada Profile of Drug Indicators – Federal Sentencing Statistics, Drug Offences, Nevada FY 2005," August 2006, Office of National Drug Control Policy, Drug Policy Information Clearinghouse.
[4] Centers for Disease Control and Prevention. "Youth Risk Behavior Surveillance—United States, 2005," Surveillance Summaries, June 9, 2006. MMWR 2006;55(No. SS-5).

Cocaine / Crack Cocaine

The most potent stimulant of natural origin extracted from the leaves of the coca plant is cocaine. Pure cocaine (cocaine hydrochloride) was first used in the United States as a local anesthetic for surgeries in the 1880's and used as the main stimulant in tonics and elixirs in the early 1900's. The medical use of this drug continues today when it is administered by a doctor as a local anesthetic in some eye, ear, and throat surgeries. Powder cocaine is most often snorted or dissolved in water and then injected. Crack, or "rock" as it is often called, is usually smoked. According to the Office of National Drug Control Policy, approximately 75% of the coca cultivated for processing into cocaine is grown in Columbia. In SFY 2006, 7.8% of admissions to SAPTA funded treatment providers involved cocaine use as the primary substance of abuse. Although rates of cocaine use were relatively high, and overall use appears to be stable, it is of concern because Mexican drug trafficking organizations and criminal groups now control most wholesale cocaine distribution in the United States, and their control is increasing. Expanding distribution and availability with its associated violence is a continuing threat.

Heroin / Morphine

As a naturally occurring substance, opiate can be extracted from the seed pod of some varieties of poppy plants. Heroin is highly addictive and considered to be the most abused and rapidly acting opiate. It was first synthesized in 1874 from morphine and was originally marketed as a pain remedy and solution to morphine addiction. Heroin became widely used in medicine prior to becoming a controlled substance. It can be injected, smoked, or snorted. While in the brain, heroin converts to morphine and binds rapidly to opioid receptors. In SFY 2006, 5.9% of admissions to SAPTA funded treatment providers were linked to use of heroin as the primary substance of abuse. The Youth Risk Behavior Survey reported that "Lifetime Heroin Use" by High School Students in the nation was 2.7% for 2005.

III. FISCAL AND DATA

Fiscal Accomplishments

- ☆ Over 90% of the Agency's budget is passed through to the programs providing the substance abuse services.
- ☆ The Agency's budget has increased approximately 33% since 2001.
- ☆ In SFY 2006, SAPTA's budget totaled more than $21 million, including approximately $16.7 million in federal support and roughly $4.6 million in state funds.
- ☆ SAPTA was awarded a five year, $2.3 million per year, grant to reduce youth substance abuse-related problems. The grant is being used to conduct statewide substance abuse prevention planning and to build prevention capacity and infrastructure at both state and community levels. Its focus is on underage drinking. Only a very small portion of this grant was expended through SFY 2006.
- ☆ The SAPTA Administrative Manual was updated and revised in its entirety. Revisions incorporated significant changes to both its content and format. The SAPTA Advisory Board recommended approval and the Health Division Administrator subsequently approved the updates/revisions. Fiscal staff efforts to improve the Administrative Manual were well received by the Advisory Board, as the new format was thought to be more user friendly than previous versions.
- ☆ A fiscal module was added to SAPTA's web based data collection system (further described on page 11). Pilot testing will begin January 2007. Once testing is complete, funded providers will be able to submit their reimbursement requests online.

SAPTA Revenue Sources

SAPTA is funded from a number of federal and state sources. The Agency manages current funding and develops new sources to finance prevention and treatment services throughout Nevada.

Table 2, shown below, details the funding amounts from various sources and depicts what amounts went to providing treatment and prevention services. On the next 2 pages, Charts 1 and 2 itemize the percentage of SAPTA funding made up from various funding sources in SFY 2001 and SFY 2006 respectively.

Table 2: SAPTA Revenue Sources,

SFY 2001 & SFY 2006

Revenue Source	Category	SFY 2001	SFY 2006	Revenue Source Explanation
SAPT Block Grant	Treatment	$8,614,009	$10,290,945	Substance Abuse Prevention and Treatment block grant received from the federal government; 20% used for prevention services.
	Prevention	$2,153,502	$2,572,736	
	Total	$10,767,511	$12,863,681	
General Fund	Treatment	$3,122,462	$3,608,278	These general funds are the State's "Maintenance of Effort" (MOE) funds required to receive SAPT Block Grant Funding.
	Prevention	$42,000	$42,000	
	Total	$3,164,462	$3,650,278	
Adolescent Treatment Initiative (Maximus)	Treatment	$500,000	$0	Adolescent treatment initiative. Moved to state general funds, earmarked for adolescents.
	Total	$500,000	$0	
State Liquor Tax	Treatment	$722,764	$914,857	Must be used for detoxification services and civil protective custody with an emphasis on serving rural areas.
	Total	$722,764	$914,857	
State Incentive Grant (SIG)*	Prevention	$0	$3,000,000	Federal grant to facilitate the development of local coalitions to reduce the use of alcohol, tobacco, and other drugs among Nevada's 12 - 25 year olds.
	Total	$0	$3,000,000	
Strategic Prevention Framework State Incentive Grant (SPFSIG)*	Prevention	$0	$2,350,973	Federal grant for the establishment of a strategic prevention network.
	Total	$0	$2,350,973	
Safe and Drug Free Schools	Prevention	$428,587	$336,307	SFY 2001 & 2006 are current year awards. All these funds are used for prevention services for at risk youth.
	Total	$428,587	$336,307	
Certification Fees	Treatment	$3,225	$11,850	Fees received for the certification of alcohol and drug prevention and treatment programs.
	Prevention	$3,225	$11,850	
	Total	$6,450	$23,700	
Data Infrastructure	Treatment	$0	$219,608	Federal grant to fund data collection system for treatment programs.
	Total	$0	$219,608	
Other Federal	Treatment	$441,115	$44,381	Federal data collection contract, federal bioterrorism grant (passed on to mental health), and State Prevention Framework SIG (SPFSIG).
	Total	$441,115	$44,381	
Totals	**Treatment**	**$13,403,575**	**$15,089,919**	**2001 to 2006 Increase = 13%**
	Prevention	**$2,627,314**	**$8,313,866**	**2001 to 2006 Increase = 216%**
	Total	**$16,030,889**	**$23,403,785**	**2001 to 2006 Increase = 46%**

* In SFY 2006, only $2,175,628 of the $3,000,000 SIG, and $216,845 of the $2,350,973 SPFSIG, were expended. The remaining award amounts were carried forward to SFY 2007.

SAPTA Revenue Sources Continued

Chart 1: SAPTA Revenue Sources, SFY 2001

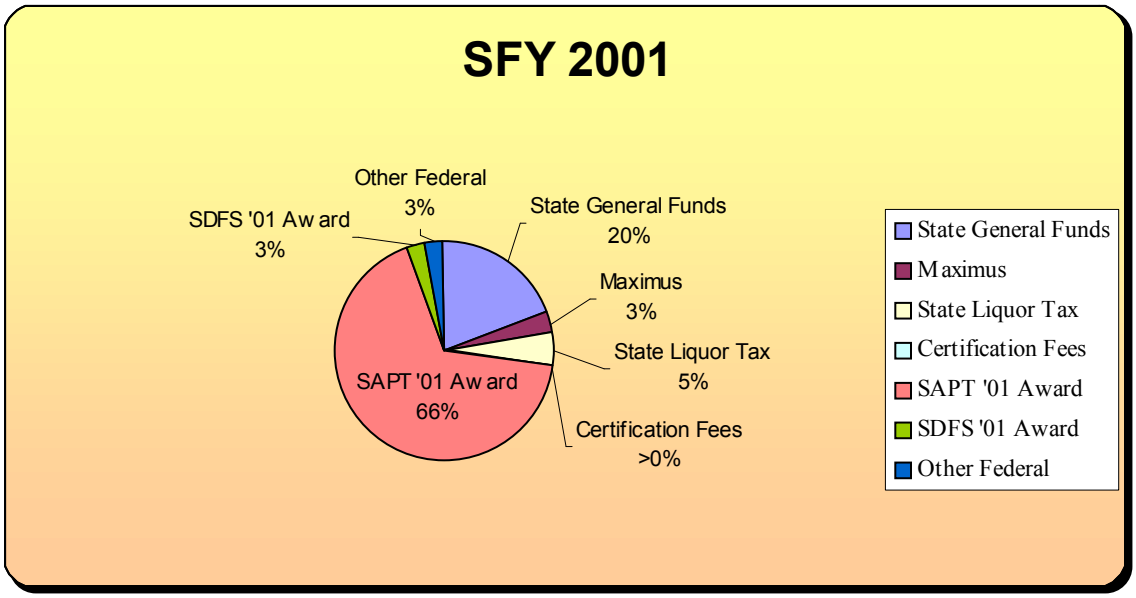
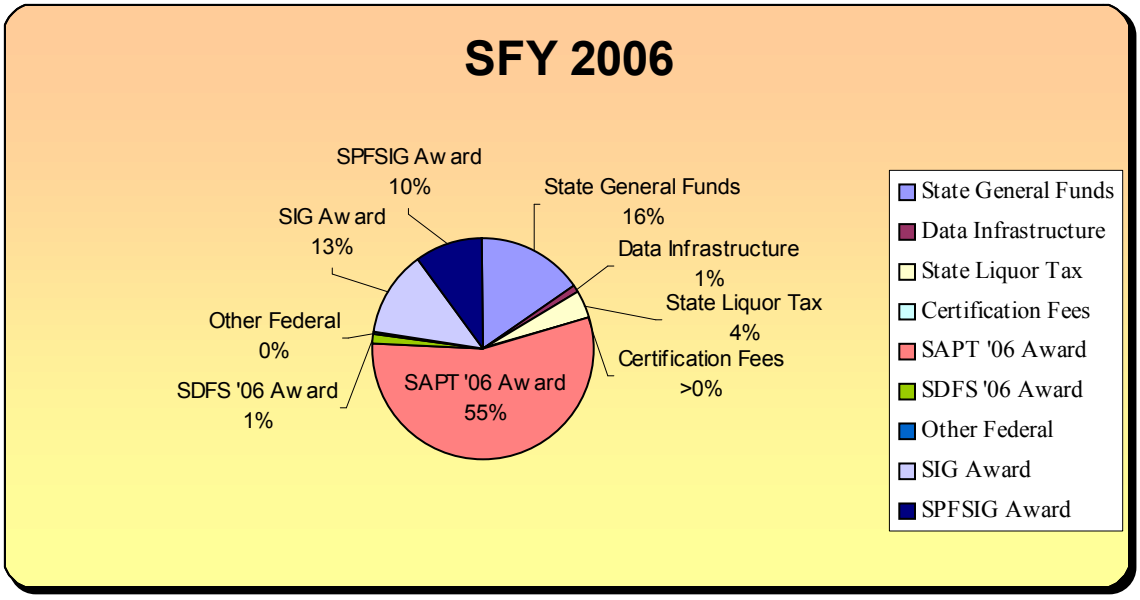


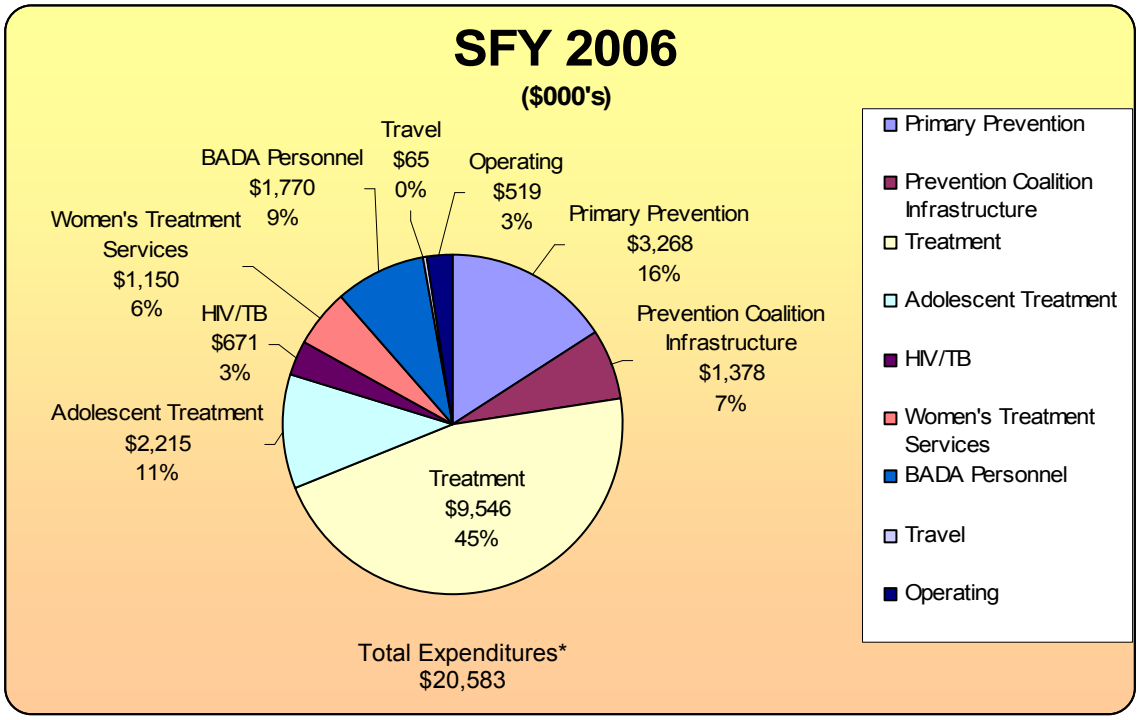
Chart 2: SAPTA Revenue Sources, SFY 2006



SAPTA Expenditures

Chart 3 shown below details how SAPTA spends the money it receives from the revenue sources previously described. The expense amounts shown are in thousands and a percentage has been included to put a relational value on the dollars spent.

Chart 3: SAPTA Expenditures, SFY 2006



* $194,892 passed through from the State Health Division to MHDS Rural Clinics and are part of the Treatment and Adolescent Treatment expenses. Of these monies, $44,392 went for Adolescent Treatment.

Nevada Health Information Provider Performance System (NHIPPS)

Nevada has adapted and modified the Texas Behavioral Health Integrated Provider System (BHIPS) to meet Nevada's reporting needs. All funded treatment providers have been utilizing the Nevada system, the Nevada Health Information Provider Performance System (NHIPPS), since July 1, 2006. NHIPPS is a web-based, real time, system with transmissions encrypted by Verisign@. Agencies assign security officers to set up roles allowing individuals to access only the portions of NHIPPS pertinent to their duties.

NHIPPS – Fiscal

NHIPPS tracks provider information, subgrant scope-of-work, and fund source allocation. Fiscal reporting compares real time utilization values to contracted scopes of work allowing progress to be more effectively monitored. In addition, NHIPPS tracks individuals on waiting lists and 90% capacity by service level which are both Block Grant requirements. Once pilot testing for the fiscal module is complete, NHIPPS will also track providers' monthly requests for reimbursement.

NHIPPS Continued

NHIPPS – Treatment

The treatment side of NHIPPS is both a clinical and management tool that standardizes assessments and provides comprehensive treatment plans tailored to each individual client. With the proper consents on file, providers can refer and share appropriate client records with other providers in the system. In this way, agencies can follow up on referrals, making an effort to contact the client if necessary. In addition, NHIPPS tracks waiting list, 90% capacity, and utilization data; therefore, eliminating the need for weekly and monthly paper reporting of these data which are federally required.

NHIPPS – Prevention

A prevention module has been added to NHIPPS to track program information and collect data required for federal reporting. Program and subgrant information is entered by SAPTA staff and providers input session activity which includes participant demographics and other session specific data such as time and place that the service is rendered. Agency staff are making preliminary plans to incorporate Coalitions and their funded provider reporting capabilities into NHIPPS at present.

Performance Based Funding for Treatment

After consultation with the Advisory Board it was decided to set aside 10% of the year's treatment budget, for each of three years, to develop an incentive pool. It was further agreed to sequence the implementation of performance based contracting over the current three year project period. The first year (SFY 2007) would be devoted to developing the performance targets and working with providers and their staff on the new treatment data system, NHIPPS. The second year (SFY 2008) will entail a practice run using the NHIPPS to collect the information necessary to report on the performance indicators. Performance incentive will be implemented in the third year (SFY 2009).

The State Outcome Measure and Management System (SOMMS) Workgroup decided to focus on four attributes to promote quality of care: access to care, retention in care and active participation, length of treatment engagement, and successful treatment completion. Specific benchmarks for determining funding eligibility for each attribute will be recommended by the SOMMS Workgroup. This plan will go before the Advisory Board for approval in early Calendar Year 2007.

National Outcome Measures (NOMS)

SAMHSA has developed National Outcome Measures for federally funded treatment and prevention programs. Reporting of these outcome data will be required in the FFY 2007 Substance Abuse Prevention and Treatment (SAPT) block grant application. NHIPPS collects all required treatment outcome data; therefore, these data will be available for the FFY 2007 SAPT block grant application. Although many of the outcome indicator requirements for substance abuse prevention programs will be provided by the NSDUH, required program information and participant demographics are to be collected in the NHIPPS prevention module. Table 3 on the next page denotes the required treatment and prevention outcomes required by SAMHSA.

NOMS Continued

Table 3: Substance Abuse Treatment and Prevention National Outcome Measures

Outcome	Treatment		Prevention	
	Indicator	Source	Indicator	Source
Abstinence from Drug/Alcohol Abuse	Reduction in frequency of use at date of last service compared to date of first service	NHIPPS	- No use in prior 30 days - Perceived risk of use - Age of first use	NSDUH
Increase/Retained Employment or Return to\Stay in School	Increase in the number of clients employed or in school at date of last service compared to date of first service	NHIPPS	- Alcohol Tobacco and Other Drugs (ATOD) suspensions or expulsions - School attendance over enrollment	School System
Decreased Criminal Justice Involvement	Decrease in the number of arrests in the past 30 days at date of first service compared to past 30 days from date of last service	NHIPPS	- Alcohol and Other Drugs (AOD) related crime - AOD related car crashes	NHTSA* UCR-FBI**
Increased Stability in Housing	Increase in the number of clients in stable living conditions from date of last service compared to date of first service	NHIPPS	Not Applicable	
Increase Access to Services	- Unduplicated count of persons served - Penetration rate; number of persons served compared to those in need	NHIPPS NHIPPS & NSDUH	- Number of persons served by age, gender, race and ethnicity	NHIPPS
Increase Retention in Treatment	- Length of stay from date of first service to date of last service - Unduplicated count of persons served	NHIPPS NHIPPS	Total number of evidence-based programs and strategies	NSDUH
Increased Social Supports/Social Connectedness	Developmental		Developmental	
Client's Perception of Care	Developmental		Developmental	
Cost Effectiveness	Cost bands under development		Cost bands under development	
Use of Evidence-Based Practices	Developmental		Total number of evidence-based programs and strategies	NHIPPS

*National Highway Traffic Safety Administration
**Uniform Crime Reports – Federal Bureau of Investigation

IV. TREATMENT

Treatment Overview

The Agency ensures delivery of substance abuse treatment services throughout the state via a "Performance Grant" process. Performance grants require providers to meet negotiated scopes of work in order to receive reimbursement for expenses authorized under the subgrant. Quality as well as quantity criteria must be met. Only providers that are certified by the Agency may receive funding.

All Agency funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs. In addition, the Agency, working with the SAPTA Advisory Board, has created "Substance Abuse Treatment POAS." The POAS are a progressive set of standards that support a Best Practices approach as outlined in the National Institute of Drug Abuse's (NIDA) 13 "Principles of Effective Treatment."[5] How programs fare in achieving these standards is strongly considered in the certification approval and renewal process. SAPTA has also worked in a public forum with a number of concerned parties to develop "Health Division Criteria for Programs Treating Substance Abuse." These standards are based in part on the "American Society of Addiction Medicine Patient Placement Criteria," an evidence based practice. In doing so, Nevada substance abuse treatment providers are encouraged to fully implement the "Health Division Patient Placement Criteria" which also resulted from that process. A primary goal of all these efforts is to establish substance abuse treatment centers of excellence throughout Nevada. Compliance with various standards is required progressively over time. Below are some of the standards that must be met by all Agency funded providers as of SFY 2006.

- **Availability** - No one is denied services based on ability to pay. Formal efforts are made to provide immediate access to treatment or, when not available, interim services are provided. An organization uses a screening method to facilitate placements and referrals and utilizes a standardized assessment tool to facilitate an appropriate match between the needs of people served and the level of care provided. Such assessment is appropriate to the age and condition of applicant, plus it considers treatment barriers including age, race, culture, gender, sexual preference, disabilities, and economic factors. Providers must use formal referral and follow-up policies and procedures. Additionally, they must have routine access to a physician who can conduct medical assessments and refer/or treat medical problems.

- **Assessment** - Providers are able to assess drug and alcohol history, presence of co-occurring mental health disorders, gambling problems, psychosocial history, socioeconomic factors, eligibility for public health assistance, economic assistance, employment readiness, education assistance, housing and/or living needs, detoxification status, and cultural and language needs. Providers have the capacity to conduct, or arrange to have conducted, a complete physical examination. When warranted, they also have the capacity to conduct, or arrange to have conducted, a psychiatric evaluation using a standardized assessment instrument. Detoxification incorporates formal processes of assessment and referral to subse-

[5] "Principles of Drug Addiction Treatment: A Research-Based Guide," October 1999, The National Institute on Drug Abuse (NIDA)

Treatment Overview Continued

quent drug addiction treatment. For clients being treated with medical detoxification interventions, motivational and engagement strategies are used to increase the likelihood of follow through with the recommended treatment.

- **Treatment** - Providers recognize client's treatment needs are shaped by past trauma and elements such as age, race, culture, sexual orientation, gender, pregnancy, housing and employment, as well as physical and sexual abuse and, directly or indirectly, factors these needs into the treatment matching activity. Providers give admission priority to pregnant women and injection drug users (IDU), and provide counseling and education regarding HIV/TB, risks of sharing needles, and risks of sexual behavior while under the influence of mood altering drugs. Behavioral therapy provided attends to multiple needs of the individual, not just drug use, and addresses the individual's drug use and any associated medical, psychological social, vocational, educational, and legal problems. Based on a "no wrong door philosophy," once admitted for treatment all levels of care can be made available to a client in a timely manner. Shortly after admission, a service plan is developed in response to individual's needs identified in assessments and evaluations. Thereafter, treatment plans are assessed continually and modified as conditions change. Interventions address issues of motivation, skill building, relapse prevention, and problem solving techniques. Persons diagnosed as having co-occurring substance abuse and mental health disorders are provided integrated treatment addressing both issues, either directly or through active involvement with a cooperating service provider.

- **Clinical Case Management** - Clinical and care coordination services are provided in a manner that integrates counseling and other needed social services into the client's treatment service delivery plan. The provider offers or makes referrals for follow-up services and relapse prevention. Childcare is made available to priority populations and prenatal care is made available to pregnant patients. Continued care incorporates an understanding of self-help groups and encourages attendance in them. Providers have policies and procedures that consider appropriate outreach, assessment, early interventions, treatment and continuing intervention strategies to address the needs of special populations. Clients have access to a single point of contact for multiple health and social services through the treatment network. When serving an adolescent, coordination with the school system is provided as needed. Additionally, assistance, either directly or indirectly, is available to help arrange for childcare when the person served has primary responsibility for minor children, or when necessary to coordinate with the child welfare system.

- **Pharmacology** - Medications are viewed as an important element of treatment for many clients, especially when combined with counseling and other behavioral therapies. Providers offer or arrange for clients to receive appropriate pharmaco-therapeutic interventions by qualified professionals, for mental health disorders, and/or dependence on heroin or other morphine-like drugs, and/or HIV-seropositive individuals. Trained medical professionals monitor the use of psychotropic medications.

Treatment Accomplishments

- ☆ Twenty-six non-profit private or governmental substance abuse treatment programs providing services in 61 sites in 26 towns and cities were funded in state fiscal year 2006 with programs receiving approximately $13 million in financial support. Additionally, SAPTA certified another 45 treatment programs that were not funded.
- ☆ All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.
- ☆ Providing a continuum of treatment services, SAPTA continued to support various substance abuse related services and treatment levels of care including: Comprehensive Evaluations, Early Intervention, Civil Protective Custody, Detoxification, Residential, Intensive Outpatient, Outpatient, Transitional Housing, and Opioid Maintenance Therapy (OMT) for Adults that were delivered in conjunction with outpatient treatment levels of care. Services certified but not funded include Drug Court Services and Evaluation Centers.
- ☆ In SFY 2006, 98.5% of clients admitted to treatment who completed their programs reported great, good, or fair improvement.
- ☆ The Agency established a modality of care to respond to the geographic needs of citizens in remote areas of the state. Additionally, Telecare now provides licensed staff an opportunity to support substance abuse issues through the means of advanced technology.
- ☆ Statistics for SFY 2006 indicate that there were 11,354 admissions to publicly supported treatment programs throughout Nevada. Supported services and admissions included the following: 3,004 detoxification admissions, 1,001 short-term residential (less than 30 days), 1,335 long-term residential, and 6,014 outpatient admissions.[6]
- ☆ SAPTA continues to promote performance-based treatment and measurable outcomes by defining treatment measurements contained within all its subgrant documents. For example, detoxification services have as a performance measure that 40% of all clients admitted will continue on in treatment.
- ☆ SAPTA, working with the Southern Nevada Health District, the Health Division's Bureau of Community Health, and the Northern Nevada HIV Outpatient Program Education and Services (HOPES) Clinic, continued to implement statewide standards regarding access to TB and HIV testing as well as counseling for clients in treatment.
- ☆ All funded programs were monitored by assigned program analysts to ensure program and fiscal accountability at least once during the year. This is in addition to program certification, which can be for up to two years.
- ☆ SAPTA continues to encourage the development of a continuum of services across the state. Treatment services for priority populations, including adolescents, remain a priority, as are services and care coordination activities for pregnant and parenting women. The yearly number of adolescent treatment admissions has been trending up, reaching a record high of 1,692 in 2005.

[6] The Agency's prior treatment data system (CDS) did not collect this data for all funded levels of care. However, going forward NHIPPS has and will continue to collect this data.

Need for Treatment

Nevada is the seventh largest state in the nation and is comprised of 17 counties spread across 109,826 square miles. Nevada is largely a rural/frontier state with an estimated 2,514,693 residents (2006) and is traditionally divided into three regions that include Clark County (72% of the population), Washoe County (16% of the population), and the Balance of the State (12% of the population).

Substance abuse among high school students and adults alike present a problem in Nevada. A highly mobile population, the abundance of lower paying service jobs, and Nevada's 24-hour lifestyle exacerbates the problem. Binge drinking (five or move drinks on an occasion) has traditionally been higher in Nevada than the national average. The 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey estimates that 17.6% of adult Nevadans participated in binge drinking during the past 30 days compared to the national average of 14.4%. In addition, 7.4% of Nevada adults indicated heavy drinking in the past 30 days compared to the national average of 4.9%. Heavy drinking is defined as adult men having more than two drinks per day and adult women having more than one drink per day.

Identifying high risk and substance using individuals before they progress to abuse and dependence is essential to reducing future chronic alcohol and drug abuse cases and can greatly reduce the fiscal impact of alcohol and drug abuse treatment. Many of these individuals can benefit from Brief Intervention programs that have the potential to prevent the escalation of substance abuse to substance dependence. Early identification, intervention, and referral for substance abuse can reduce tremendous psychological and financial burdens on the individual, family, and community. In addition, the fiscal impact on the criminal justice system, health care system, and drug abuse treatment programs is positively impacted by early identification of substance abuse problems.

The most recent National Survey on Drug Use and Health (NSDUH - 2004) estimates: 9.45% of Nevada's adolescents from 12 – 17 years of age had substance abuse or dependence problems; approximately 21.80% of Nevada's young adults from 18 to 25 years of age had substance abuse or dependence problems; and about 7.79% of Nevada's adult population 26 years and older had substance abuse or dependence problems. Using population estimates for 2006, the aforementioned percentages have been translated to numerical estimates of Nevadans with alcohol, drug abuse, or dependence issues as shown in Table 4 below:

Table 4: Estimates of the Number of Individuals with Alcohol or Drug Abuse or Dependence Problems Statewide and Regional, 2006

Age	Clark County		Washoe County		Balance of State		Nevada	
	Population Estimate	AOD Abuse Cases	Population Estimate	AOD Abuse Cases	Population Estimate	AOD Abuse Cases	Population Estimate	AOD Abuse Cases
12 to 17	149,620	14,139	33,872	3,201	26,236	2,479	209,728	19,819
18 to 25	208,105	45,367	47,377	10,328	33,019	7,198	288,501	62,893
26 to 100	1,143,581	89,085	248,365	19,348	204,451	15,927	1,596,397	124,359
Total	1,501,306	148,591	329,614	32,877	263,706	25,604	2,094,626	207,071

Need for Treatment Continued

Using estimates of treatment need from the NSDUH, and estimating the number of individuals served through SAPTA funded treatment providers as well as non-funded providers (Met Need), the *Unmet Need* is estimated in Table 5, shown below. The *Unmet Demand* (five percent of the *Unmet Need*) is an estimation of those needing treatment services who will actually seek them.

Table 5: Unmet Demand Estimate for Substance Abuse Treatment, SFY 2006

Population Group	Population Estimate*	Total Need**	Met Need***	Unmet Need+	Unmet Demand++
Adolescents (12-17)	209,728	18,000	1,860	16,140	807
Adults (18+)	1,884,899	162,000	32,123	129,877	6,494
Total Population	**2,094,627**	**180,000**	**33,983**	**146,017**	**7,301**

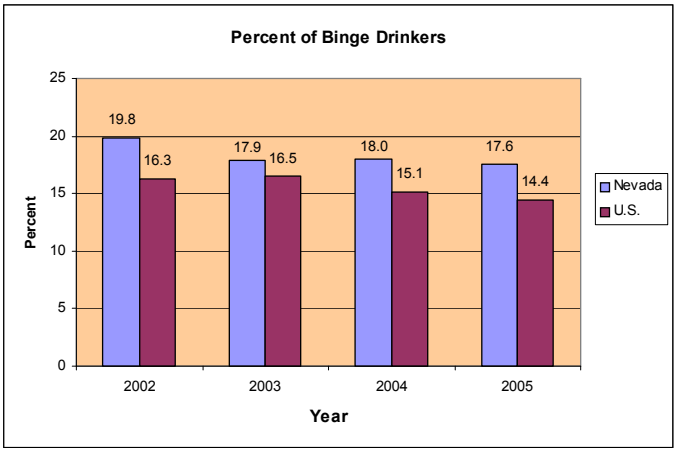
* State Demographer, population estimates for 2006 completed July 2004.
** Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2004 State Estimates of Substance Use, http://oas.samhsa.gov/2k4State/vars.htm. Table 20. "Percentage Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol among Persons Aged 12 or Older, by Age Group and State: 2004", April 2006.
***The 2004 National Survey of Substance Abuse Treatment Services (N-SSATS) data and NSDUH data were used to determine Total Need an Unmet Need for SFY 2006.
+ The Unmet Need = Total Need minus the Met Need.
++The Unmet Demand is 5% of the Unmet Need.

The above estimates contain a degree of error. Even if the calculation of met need is conservative and there are twice the estimated number of individuals being served both inside and outside the SAPTA funded system, the unmet need would be 112,034 (180,000 - 67,966), and the adolescent unmet need would be 14,280 (18,000 - 3,720).

There are several surveys and sources of information relating to unmet treatment needs in Nevada. Data from these sources are presented below.

- Behavioral Risk Factor Surveillance System (BRFSS):
    - Although the percentage of respondents who indicated that they consumed five or more drinks on one occasion remained steady from 2002-2005, Nevada's average is still higher than the national average.

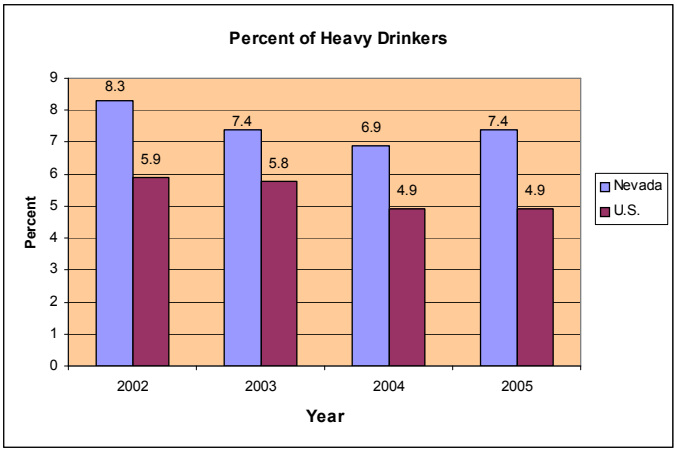
Figure 2: Percent of BRFSS Respondents Who Are Binge Drinkers (adults having five or more drinks on one occasion)



Need for Treatment Continued

- Similar to the trend mentioned above, the percentage of male respondents reporting consumption of more than two drinks per day and female respondents reporting consumption of more than one drink per day remained constant from 2002-2005; however, Nevada's average is still higher than the national average.

Figure 3: Percent of BRFSS Respondents Who Are Heavy Drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)



- The 2003 & 2004 National Survey on Drug Use and Health (NSDUH):
  - Of Nevada residents age 12 or older, 8.68% were estimated to have used illicit drugs in the past month.
  - Of Nevada residents age 12 or older, 4.03% were estimated to have used some illicit drug other than marijuana in the past month.

- In 2004, the Nevada Department of Transportation reported:
  - Of 401 traffic fatalities in Nevada, 159 (39.6%) were alcohol related.

Adolescent Need for Treatment

While the overall rate of substance abuse is declining and the public intolerance of abuse is rising nationally, there are some disturbing trends among youth. Adolescents are starting to use alcohol, tobacco, and illicit drugs at increasingly younger ages, and young adults, who are just beginning to assume more mature responsibilities in society, are more likely than other groups to drink heavily, smoke cigarettes, and use illicit drugs. Persons reporting they first used alcohol before age 15 are more than five times as likely to report past year alcohol dependence or abuse as adults than persons who first used alcohol at age 21 or older.[7] Nevada youth have been affected by the availability of tobacco, alcohol, and drugs in the community, and in several instances, exceed the national averages for various behaviors. Table 6 on the next page provides some Youth Risk Behavior Survey (YRBS) data for which Nevada and national data are statistically significantly different.

[7] Conclusion of a special analysis of the 2003 NSDUH published by SAMHSA.

Adolescent Need for Treatment Continued

Table 6: YRBS Questions – Alcohol and Other Drug Use Risk Factors Significantly Different Than Those Nationwide, 2005

YRBS Survey Questions	Nevada	National
Percent of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months.	**32.6%**	**25.4%**
Percent of students who had their first drink of alcohol other than a few sips before age 13.	**31.1%**	**25.6%**
Percent of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their lifetime.	**15.3%**	**12.4%**
Percent of students who tried marijuana for the first time before age 13.	**12.3%**	**8.7%**
Percent of students who used methamphetamines one or more times during their lifetime.	**11.7%**	**6.2%**
Percent of students who used any form of cocaine, including powder, crack, or freebase one or more times during their lifetime.	**11.1%**	**7.6%**
Percent of students who had at least one drink of alcohol on school property on one or more of the past 30 days.	**6.8%**	**4.3%**
Percent of students who used any form of cocaine, including powder, crack, or freebase one or more times during the 30 days preceding the survey.	**5.4%**	**3.4%**
Percent of students who used a needle to inject any illegal drug into their body one or more times during their lifetime.	**3.9%**	**2.1%**

Nevada YRBS 2005 Adolescent Alcohol and Other Drug Use: Behaviors that Lead to Death

These risk behaviors……

41% Drank alcohol during the past month
26% Rode with a drinking driver during the past month
25% Reported episodic heavy drinking during the past month
17% Used marijuana during the past month
15% Ever used inhalants
11% Ever used cocaine

….contribute to these leading causes of death.

28% Motor vehicle crash
25% Other causes
18% Suicide
13% Homicide
13% Other injury
3% HIV infection

Adolescent Need for Treatment Continued

The 2003-2004 NSDUH reports:

- 17.1% of Nevada residents, ages 12-17, were estimated to have used marijuana in the past year, compared to 14.7% nationwide.
- 11.2% of Nevada adolescents aged 12-17 have used an illicit drug in the past month.

Clients in Treatment

The Agency collects extensive information on clients admitted for treatment. Demographics, referral sources, utilization of treatment programs, reporting of capacity at or over 90%, waiting lists, discharge information, and the number of individuals waiting for treatment are all collected. Treatment admission data for SFY 2006 is as follows:

- Adult admissions by primary substance of abuse were: 38% for alcohol, 34% for methamphetamine, 9% for marijuana/hashish, 9% for crack, and 10% for all others.
- 44% of all treatment admissions were methamphetamine abuse related.
- 44% of the adult population served were in outpatient care, 10% in short-term residential treatment, 12% in long-term residential treatment, and <1% in intensive outpatient treatment.
- 64% of the total population served were males and 36% were females, of which 8.3% were pregnant at admission.
- Most frequent referrals were from the criminal justice system 43%; and by self, family or friends 32%; and, the balance (25%) was from health or community services.
- 2,226 clients were placed on waiting lists and had to wait for admission an average of 24 days. Priority population clients received support services in the interim.

The Agency started collecting waiting list data during calendar year 2001, with SFY 2002 providing the first full year of data which could be measured. Historically, this data was collected manually, but it is now being collected in the new data system (NHIPPS). Going forward SAPTA should receive better, more consistent data from service providers. Table 7 below details waiting list data as reported by SAPTA's providers. The data shows that in SFY 2006 there were far more people waiting for services than there were five years ago. In the past two years, clients have had to wait slightly fewer days to receive treatment services once placed on a waiting list, however.

Table 7: Waiting List Trend Data, SFY 2002 - 2006

Measurement	SFY 2002	SFY 2003	SFY 2004	SFY 2005	SFY 2006
Number of Clients Placed on Waiting List	1,162	1,215	1,946	1,503	2,226
Average Days Clients Waited for Admission	25	37	28	23	24

Adolescent Clients in Treatment

SAPTA treatment admission statistics for adolescents in SFY 2006 were:

- 1,484 adolescents were admitted for treatment, representing 13% of all SAPTA treatment admissions.
- Adolescent admissions by primary substance of abuse were: 48% for marijuana/hashish, 26% for methamphetamine, 22% for alcohol, 2% for crack abuse, and 2% for all others.
- 40.6% of adolescent admissions were methamphetamine related. 25.8% of those admissions methamphetamine was the primary drug of abuse. 54% of methamphetamine related adolescent admissions were female.
- 59% of the adolescent population served was in outpatient care, 5% in intensive outpatient treatment, 13% in long-term residential treatment, and 4% in short-term residential treatment.
- Most frequent adolescent referrals were from the criminal justice system 77%; and by self, family or friends 15%; and, the balance (8%) was from health or community services.
- 65% of adolescent admissions were males, 35% were females of which 1.9% were pregnant.

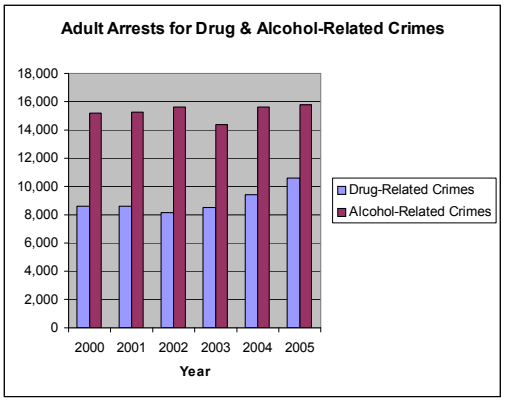
Substance Abuse and Crime

Substance abuse and crime have been an issue in Nevada due to the fast rate at which the state is growing and its 24-hour lifestyle

Drugs are directly related to crimes because it is a crime to use, possess, manufacture, or distribute drugs that have the potential for abuse. During the calendar year 2005, 10,608 adults were arrested for drug related crimes in Nevada, and 15,744 were arrested for alcohol related crimes.[8] In the past four years, drug related crimes have increased and alcohol related crimes have remained fairly constant.

Substance abuse or dependence is also related to crime through the effect it has on the user's behavior and by generating violence and other illegal activity in connection with drug trafficking. Substance abuse and crime have been an issue in Nevada due to the fast rate at which the state is growing and its 24-hour lifestyle.[9] Between 2000 and 2005, Nevada's population increased by 21%.[10]

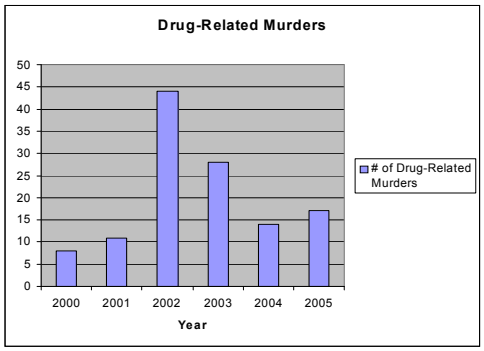
Figure 4: Adult Arrests for Drug & Alcohol Related Crimes in Nevada, 2000 - 2005



[8] "2000, 2001, 2002, 2003, 2004, 2005 Crime and Justice in Nevada," Nevada Department of Public Safety.
[9] "2004 Nevada Statewide Strategy For Drug Control, Violence Prevention and System Improvement," Nevada Department of Public Safety, Office of Criminal Justice Assistance.
[10] "State & County QuickFacts: Nevada," U.S. Census Bureau.

Substance Abuse and Crime Continued

Figure 5: Drug Related Murders in Nevada, 2000 - 2005



In more recent years however, drug trafficking via Nevada's major interstate highways has become a major concern to law enforcement. Drug trafficking and crime cannot be considered a problem of just large metropolitan cities anymore. Nevada's rural areas, miles away from urban development, are perfect locations for marijuana cultivation and methamphetamine laboratories.[11] The relationship between drugs and crime promotes a lifestyle in which the likelihood and frequency of involvement in illegal activity are increased, because drug users may not participate in the legitimate economy and are exposed to situations that encourage crime.[12] Drug-using lifestyles often emphasize short-term goals supported by illegal activities. For 3 years in a row, including 2006, the Morgan Quitno Awards have ranked Nevada as the most dangerous state in which to live in the U.S.[13] Nevada's drug related murders were on the rise in 2005 after a decline in the previous year.[14]

Trends in Treatment

The Agency's treatment philosophy recognizes that substance abuse addiction is a chronic, relapsing health condition. The Agency's major treatment improvement initiatives followed by a brief explanation, include the following:

- Adoption of many recommendations contained in the national treatment plan, "Changing the Conversation," created by the Substance Abuse and Mental Health Services Administration (SAMHSA) and SAPTA's Treatment Strategic Plan.
- Utilization of evidence-based substance abuse treatment and prevention practices and models.
- Development and Implementation of the Evidence-Based Practices Exchange (EBPE).
- Funded treatment providers must now report more complete data for all levels of service.

Successful Application of the National Treatment Plan and SAPTA's Treatment Strategic Plan: The Agency has a long track record of working to improve the quality of substance abuse treatment services supported with public funds. In December of 2005, SAPTA began a process to update its strategic plans, developed in 2001. SAPTA's plans are consistent with national treatment plans developed by SAMHSA in the past. The documents being developed will form the foundation for the changes that the Agency will implement and continue to promote in the next few years, until the plans are again updated. Central themes in these documents include the need to estab-

[11] "2004 Nevada Statewide Strategy For Drug Control, Violence Prevention and System Improvement," Nevada Department of Public Safety, Office of Criminal Justice Assistance.
[12] "Drug-Related Crime," March 2000, Office of National Drug Control Policy, Drug Policy Information Clearinghouse Fact Sheet.
[13] "Rankings of State in Most Dangerous/Safest State Awards; 1994 to 2006," Morgan Quitno Press.
[14] "2000, 2001, 2002, 2003, 2004, 2005 Crime and Justice in Nevada," Nevada Department of Public Safety.

Trends in Treatment Continued

lish a seamless service system offering effective treatment based on individual needs, rather than a prescriptive treatment model applied equally to everyone. Also assumed, is that in all systems of care, individuals enter and become engaged in the most appropriate type and level of substance abuse treatment and that they receive continuous services at the level(s) needed to enter into recovery. This moves beyond what has traditionally been thought of as "graduation" and aftercare.

Utilization of Evidence-Based Substance Abuse Treatment Practices and Models: There is an inverse relationship between successful treatment completion and admission rates, in part, because successful treatment completion often means longer lengths of treatment engagement and there are several studies indicating the minimum effective length of treatment engagement is 90 days. Additionally, as programs develop service systems that better engage clients, there is a decrease in the number of admissions. An example of this is the Agency's concern over the high percentage of clients who enter and exit the system having only received detoxification services. Many of these clients have several repeat admissions, never really engaging in the treatment process. Such service delivery ultimately does virtually nothing to improve the quality of the client's life and progress toward achieving recovery. Because the state has limited treatment capacity, if a program is successful at engaging the client in a longer treatment stay, the number of open beds available statewide decline proportionately.

Development and Implementation of the Evidence-Based Practices Exchange (EBPE): Aimed to promote the adoption and use of evidence-based treatment practices, this effort has been initiated in order to enhance treatment service delivery by designing training and technical assistance activities for the State of Nevada. It is co-sponsored by the CASAT and the Mountain West Addiction Technology Transfer Center in conjunction with SAPTA.

Funded Treatment Providers must now Report More Complete Data for all Levels of Service: In order to foster the improved use of resources, a number of system changes have been required in addition to those cited above. Included here are such things as support for early intervention, care coordination and comprehensive evaluation services. Care coordination, in addition to supporting staff to help with case management, may include childcare, transportation, and translation/interpreter services. Comprehensive evaluation was added as a funded level of service in order to help improve providers' ability to provide services to the sector of the population in need of substance abuse treatment services that also have a diagnosable, co-occurring mental illness.

Coordination of Services & Co-occurring Disorders

Today, an important issue in the development of accessible and affordable treatment is the need for better integration among service delivery systems. The tendency is for agencies to work independently; however, better communication through the formation of clearly defined, integrated relationships is needed among different service providers (e.g., substance abuse, mental health, etc.) and is now being supported.

The Agency encourages and supports providers in all efforts to make access easier for individuals diagnosed with more than one brain disorder or disease. In SFY 2004,

Coordination of Services & Co-occurring Disorders Continued

SAPTA partnered with the Division of Child and Family Services (DCFS) to improve the continuum of care for adolescents. Three general points of this partnership were to:

- Address early intervention needs beginning at the first point of contact with youth in the juvenile justice system.
- Increase training of personnel within DCFS operated facilities regarding alcohol/drug assessment tools and data gathering/reporting.
- Improve transitional service delivery to paroled youth with alcohol/drug treatment needs so as to assist them in becoming more self-sufficient and eventually discharging them from parole.

The past two decades have witnessed the emergence of an increasing number of individuals with co-occurring mental health and addictive disorders. These individuals typically do not fare well in traditional service settings. Additionally, their course of illness is often associated with poor outcomes across multiple service systems. Thus, many of these individuals have traditionally been served at higher costs due to higher levels of service utilization. National epidemiological data demonstrate clearly that the prevalence of these individuals is sufficiently high in some service systems and that co-morbidity must be considered an expectation, not an exception. In fact, the U.S. Surgeon General has estimated "Forty-one to sixty-five percent of individuals with a lifetime substance abuse disorder have also had a lifetime history of at least one mental disorder, and approximately fifty-one percent of individuals with one or more lifetime mental disorders have also had a history of at least one substance abuse disorder." These individuals appear not only in mental health and substance abuse treatment settings, but also in primary health care, correctional, homeless, protective service, and other social service settings.

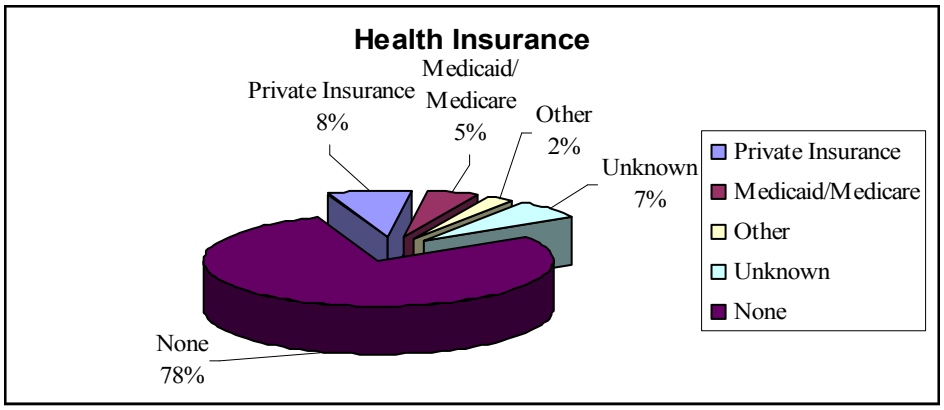
The stigma that is still associated with substance abuse disorders and mental disorders stands between many people with co-occurring disorders and successful treatment and recovery. Individuals with co-occurring disorders present a challenge to both clinicians and the treatment delivery system by the existence of two separate service systems, one for mental health services and another for substance abuse treatment. SAPTA encourages all its funded substance abuse treatment facilities to develop capacity to serve the less severe mentally ill and substance abuse dependent population. The concept of ***no wrong door*** treatment strategy allows those suffering from persistent mental illness and chronic substance abuse disorders to engage in seamless treatment for co-occurring issues. At the center of care delivery for the co-occurring diagnosed are the processes of continuous case management, care coordination of invested agencies, and stable housing.

National trends regarding the population with co-occurring disorders clearly reflect a need for improved service delivery. It is a driving principle of current publicly supported Nevada providers that any person entering mental health care, substance abuse treatment, or primary care should be screened for mental disorders and substance abuse and then provided appropriate treatment. Over the last few years, programs have increased comprehensive evaluations, resulting in combined services and treatment planning for the co-occurring population.

Health Insurance Coverage

The majority of clients seen in SAPTA funded substance abuse treatment programs have no private or public health insurance coverage. This rate has changed little over time and has consistently been between 78% and 85%. The 78% low was achieved in 2006. The 85% high occurred in 1999. Below, Figure 6 shows the distribution of health insurance coverage for those admitted in SFY 2006.

Figure 6: Health Insurance Coverage, SFY 2006



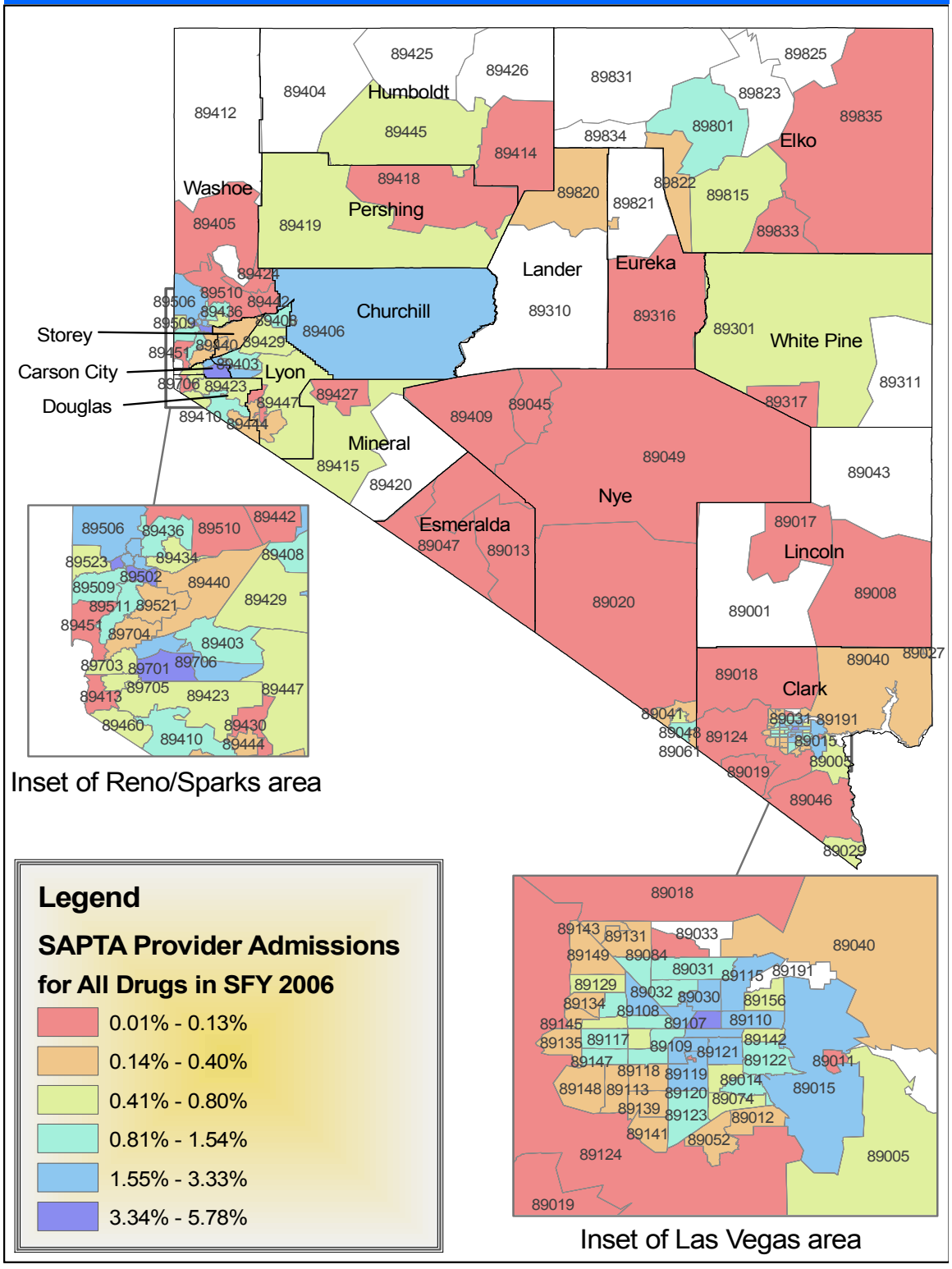
Treatment Charts and Tables

On the next page is a map entitled, "Provider Admissions for All Drugs in SFY 2006 by Zip Code." This map shows where SAPTA clients resided when they were admitted into treatment. On the nine pages following the map are Table 8 and Charts 4 through 12 showing demographic makeup of individuals receiving SAPTA funded treatment services. On the nine pages following these charts and map are three information listings: 1) "SAPTA Certified Treatment Programs," 2) "SAPTA Certified Treatment Programs Not Generally Accessible to the Public," and 3) "Other Important Contact Information."

This Area is Intentionally Left Blank

Treatment Charts and Tables Continued

Map 2: Provider Admissions for All Drugs in SFY 2006 by Zip Code



Note: non colored zip codes had zero admits

Treatment Charts and Tables Continued

Chart 4: SAPTA Admissions,
SFY 2000 - 2006

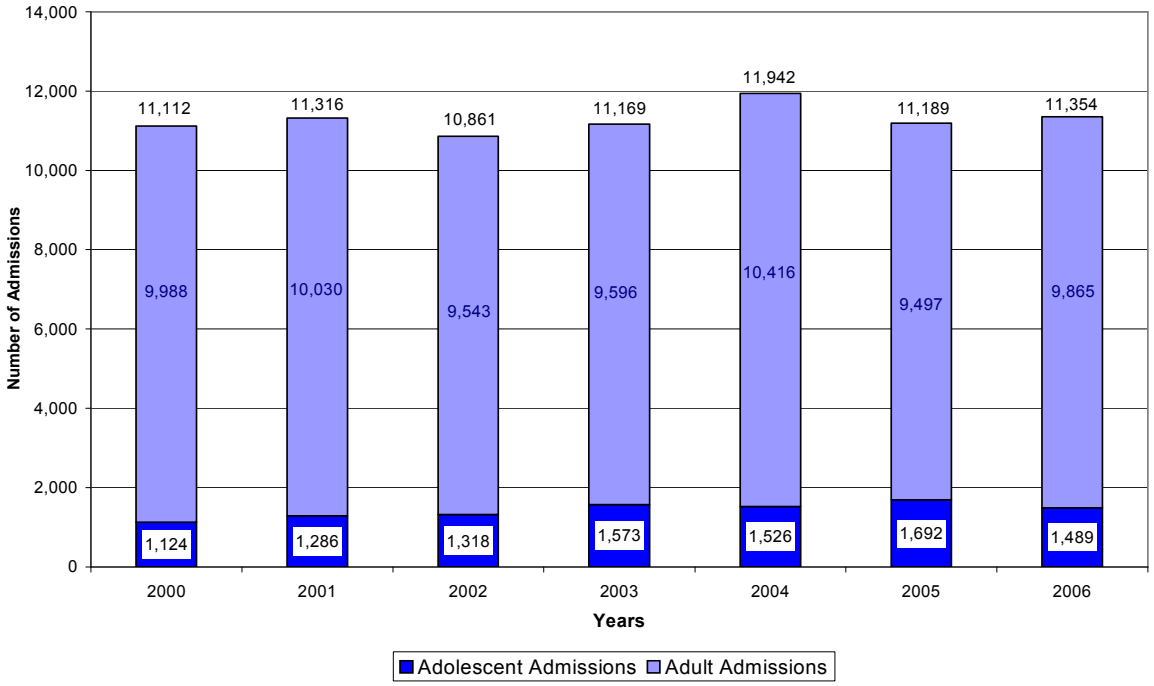
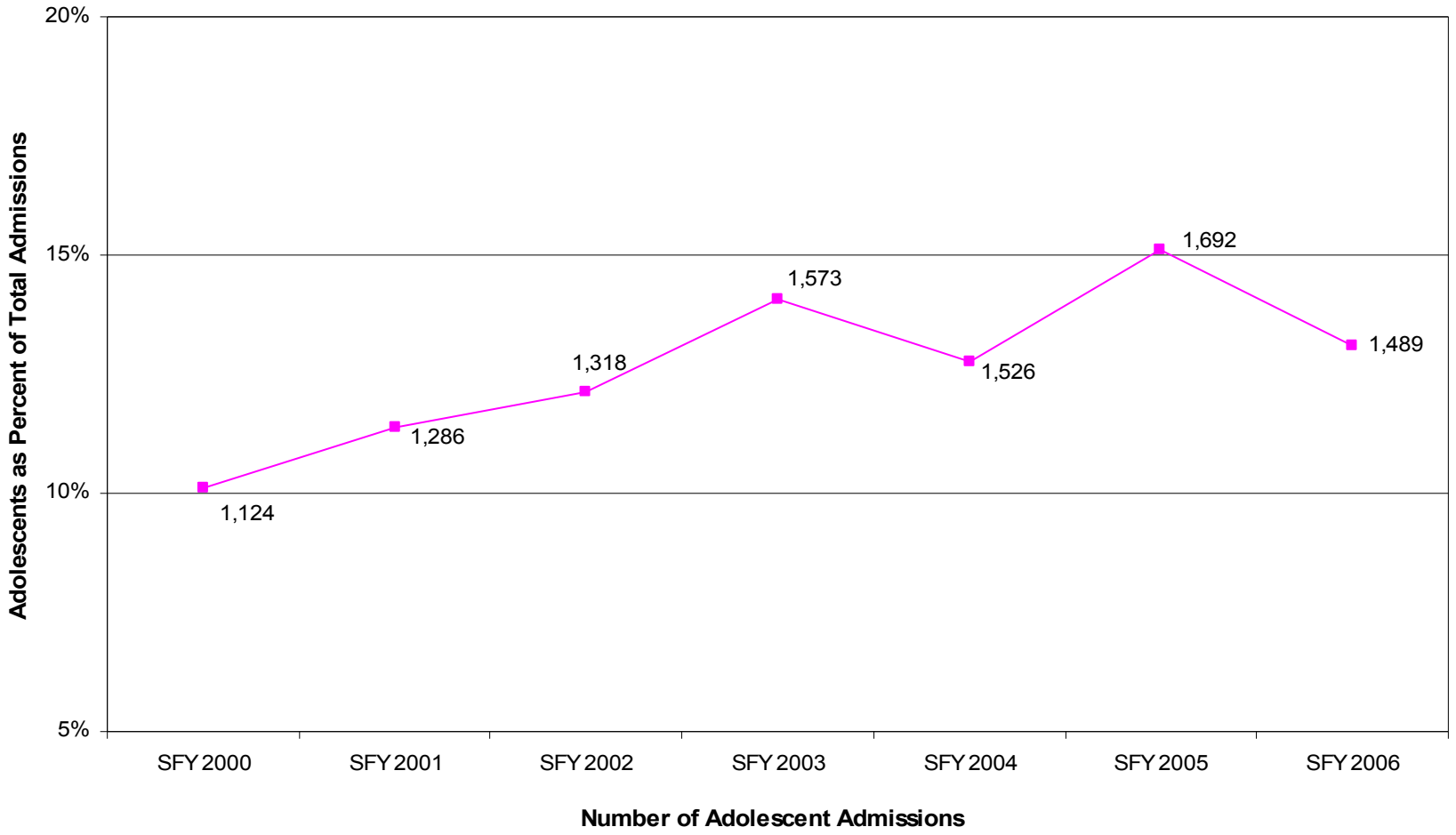


Table 8: SAPTA Admissions,
SFY 2000 - 2006

State Fiscal Year	Adolescent Admissions	Adult Admissions	Total Admissions
2000	1,124	9,988	11,112
2001	1,286	10,030	11,316
2002	1,318	9,543	10,861
2003	1,573	9,596	11,169
2004	1,526	10,416	11,942
2005	1,692	9,497	11,189
2006	1,489	9,865	11,354

Chart 5: Adolescent Treatment Admissions, SFY 2000 - 2006



Note: Beginning in December 2005 a Washoe County provider reduced adolescent services in preparation for closing that facility at the end of June 2006. Therefore, Washoe County numbers were down for SFY 2006. Balance of State numbers also contributed to this decline. A new adolescent treatment program was funded in SFY 2007 for Washoe County. It is expected that adolescent admissions will increase once again over the next few years.

Chart 6: Male and Female Admissions, SFY 2002 - 2006

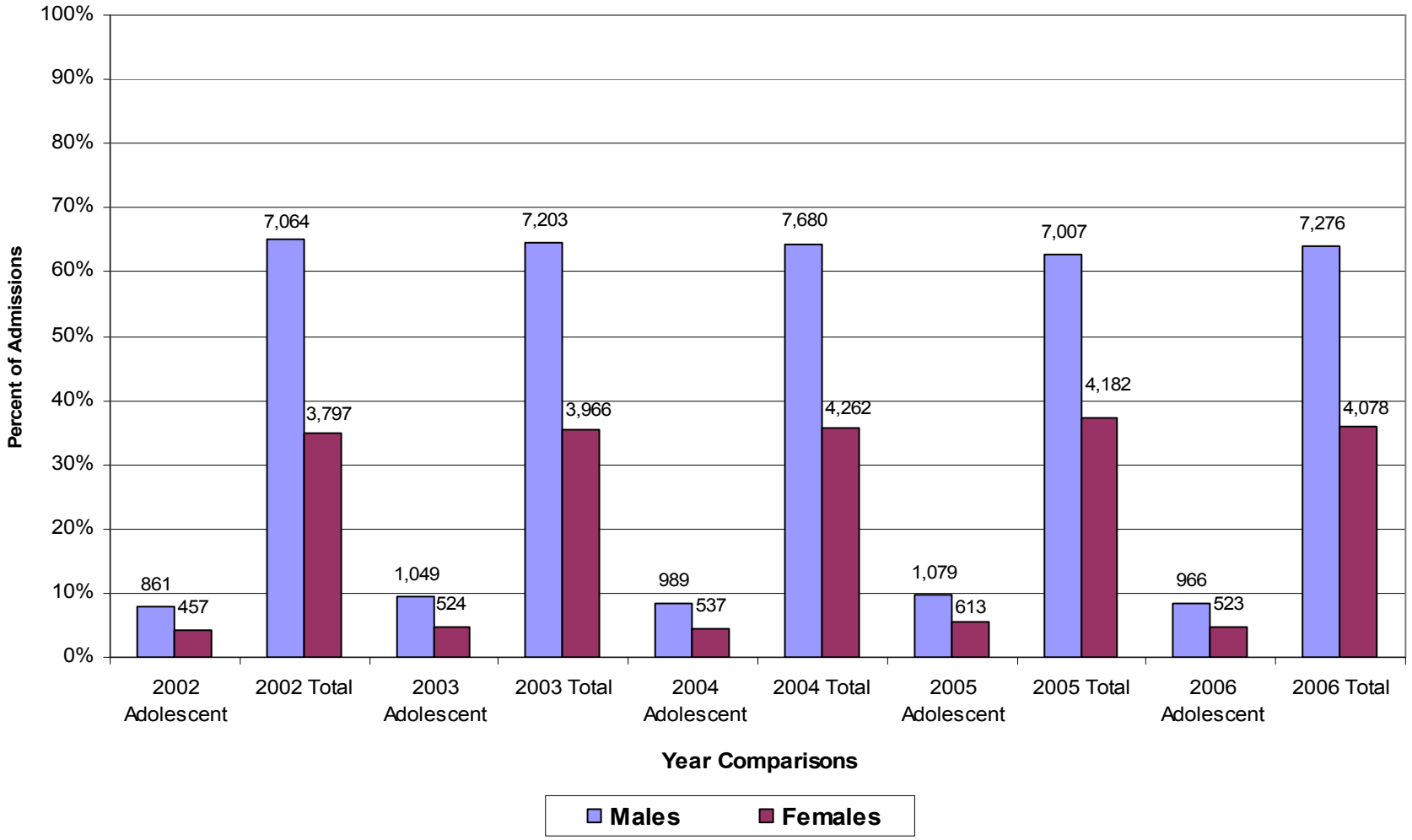


Chart 7: Admissions to Treatment by Race/Ethnicity, SFY 2004 - 2006

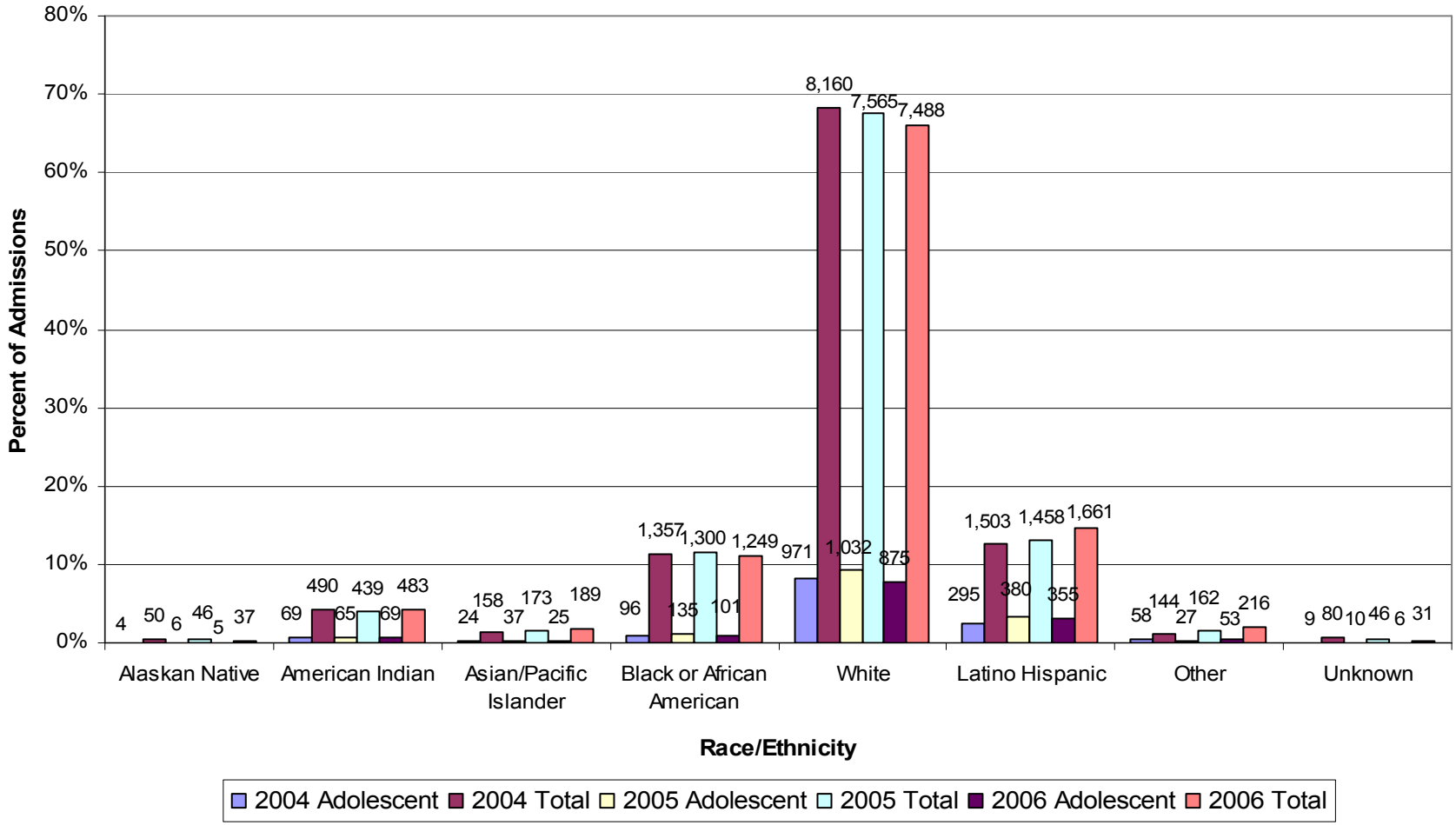


Chart 8: Admissions to Treatment by Referral Source, SFY 2004 - 2006

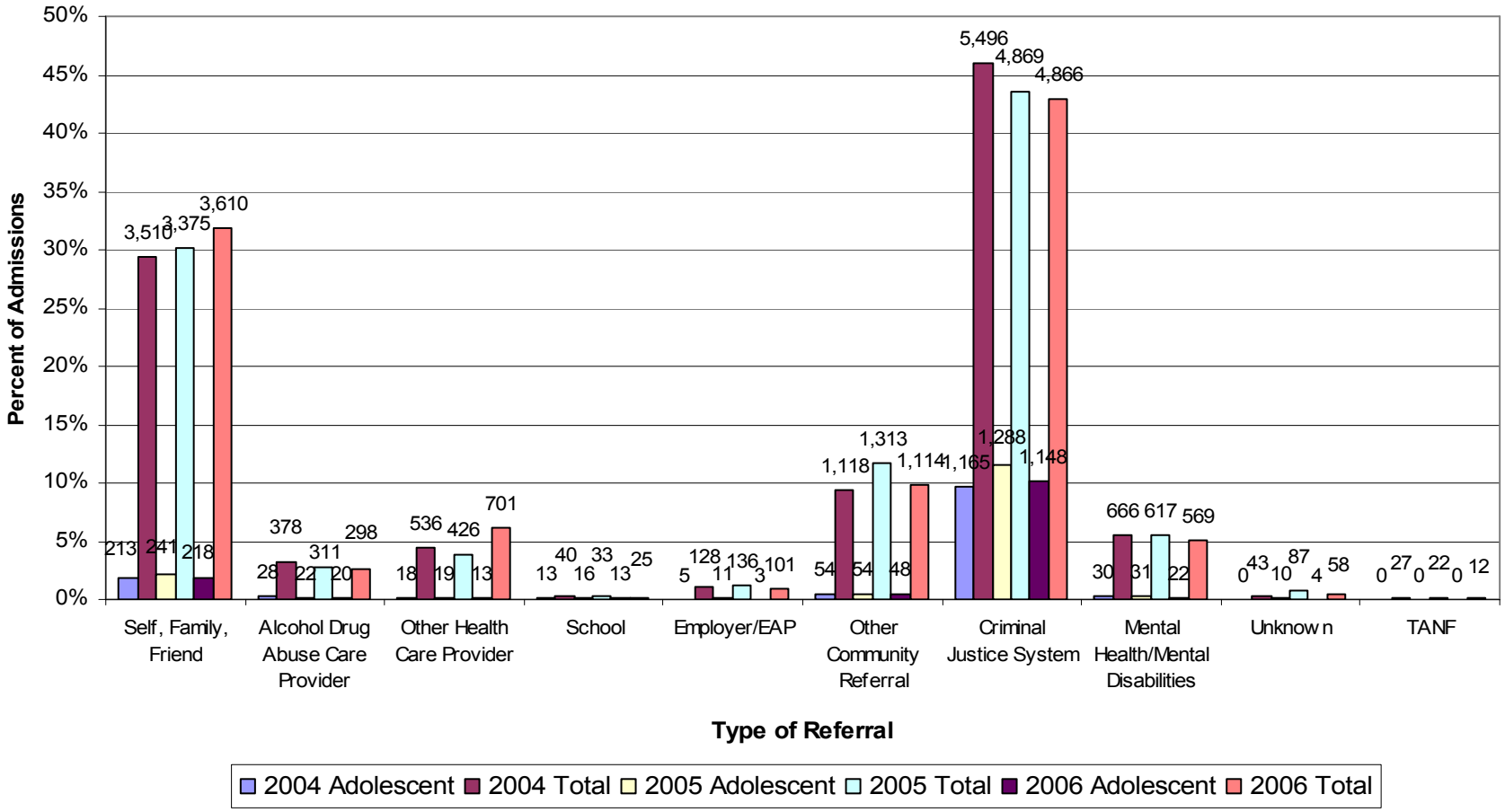


Chart 9: Admissions to Treatment by Area of Residence, SFY 2002 - 2006

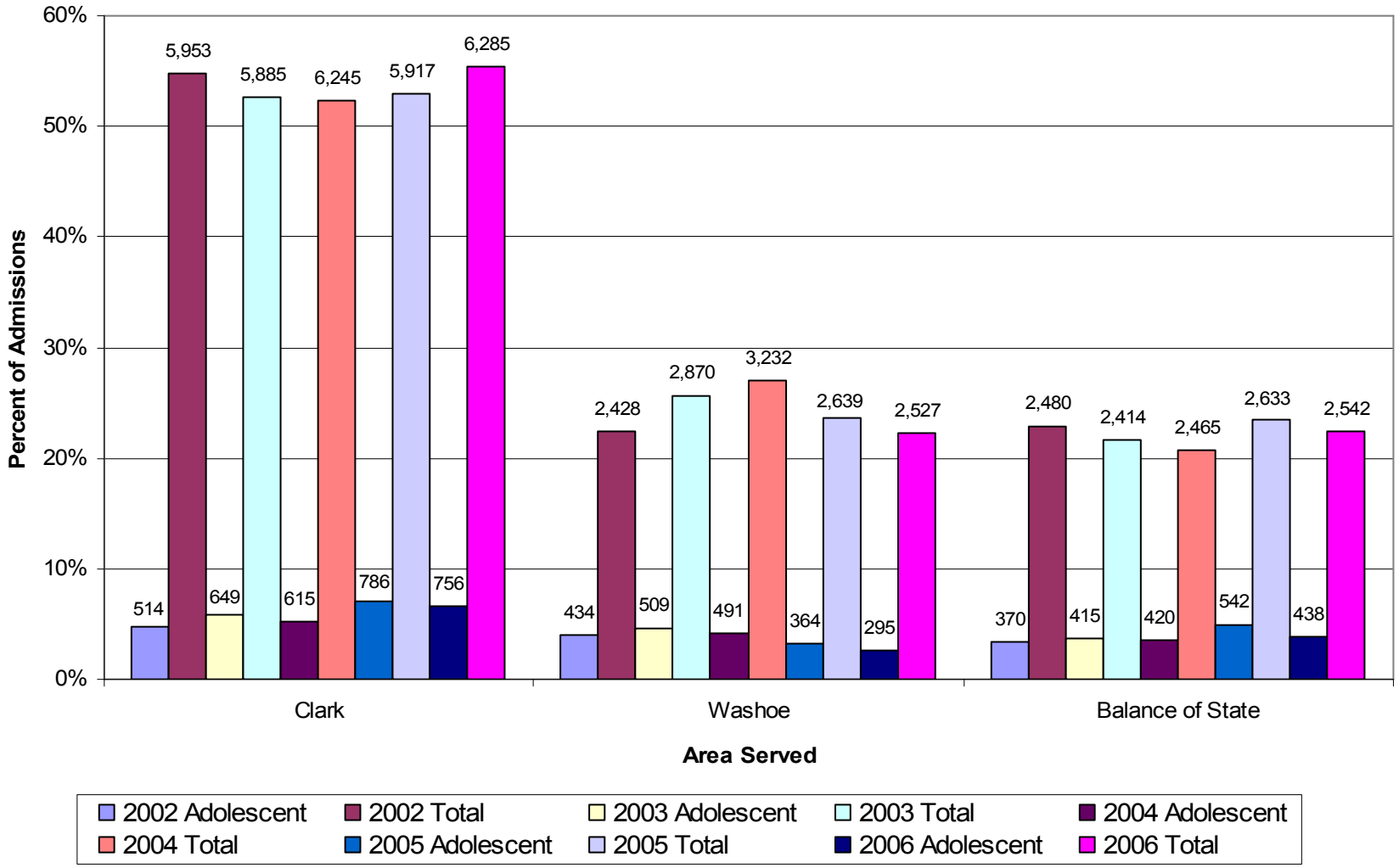


Chart 10: Admissions to Treatment by Drug of Choice, SFY 2004 - 2006

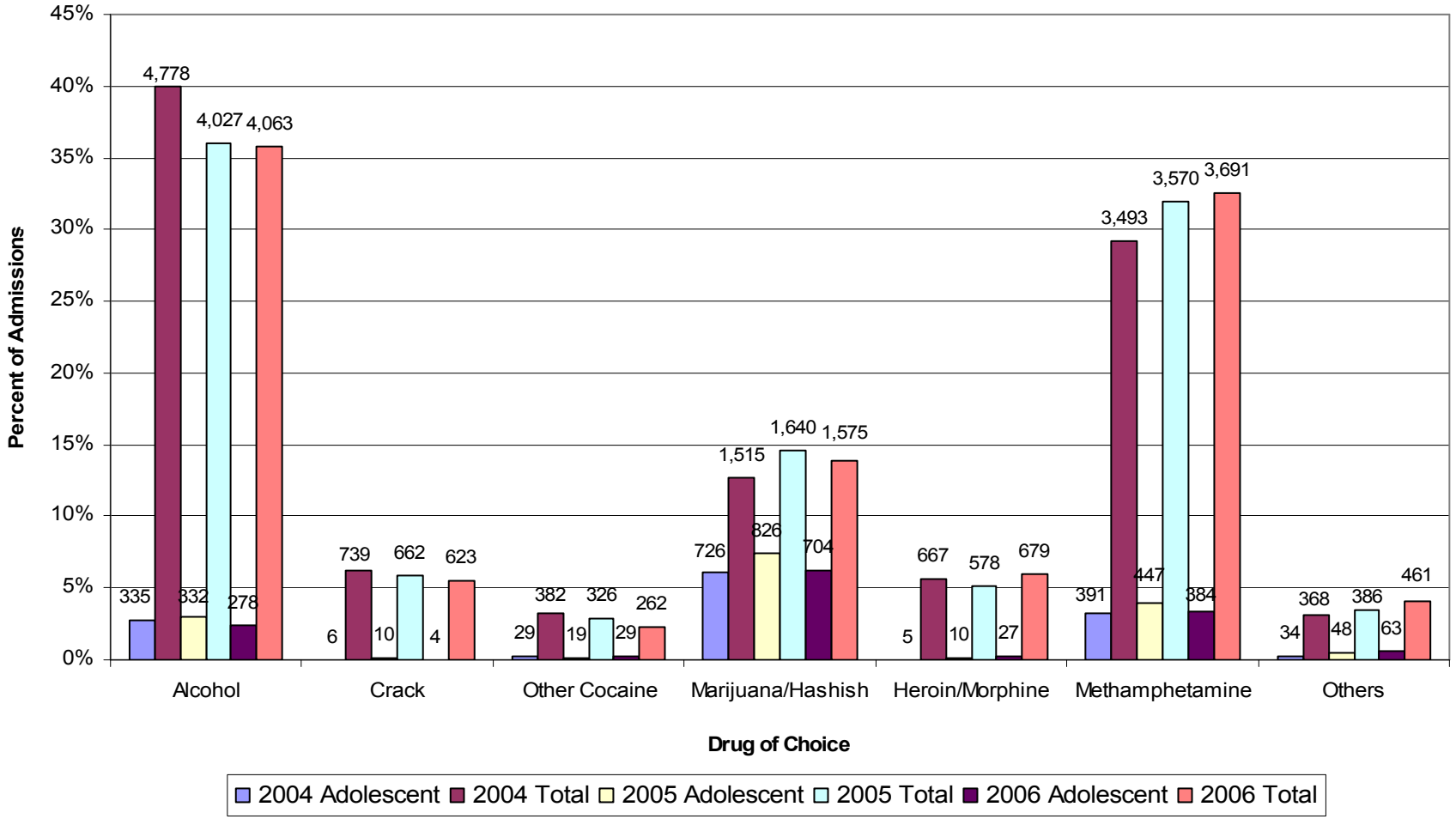


Chart 11: Pregnant Women and Injection Drug Users Admissions for Treatment, SFY 2004 - 2006

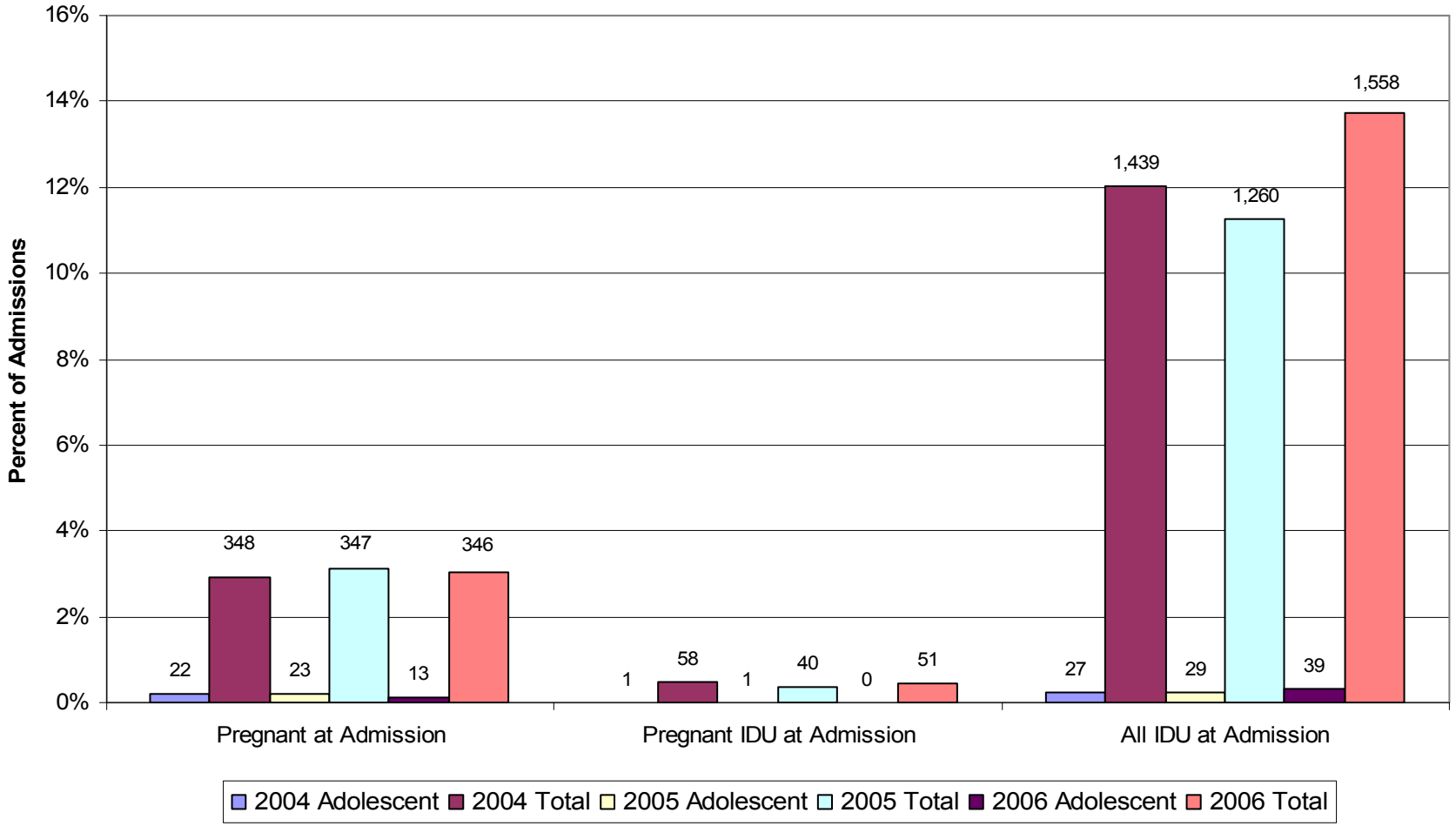
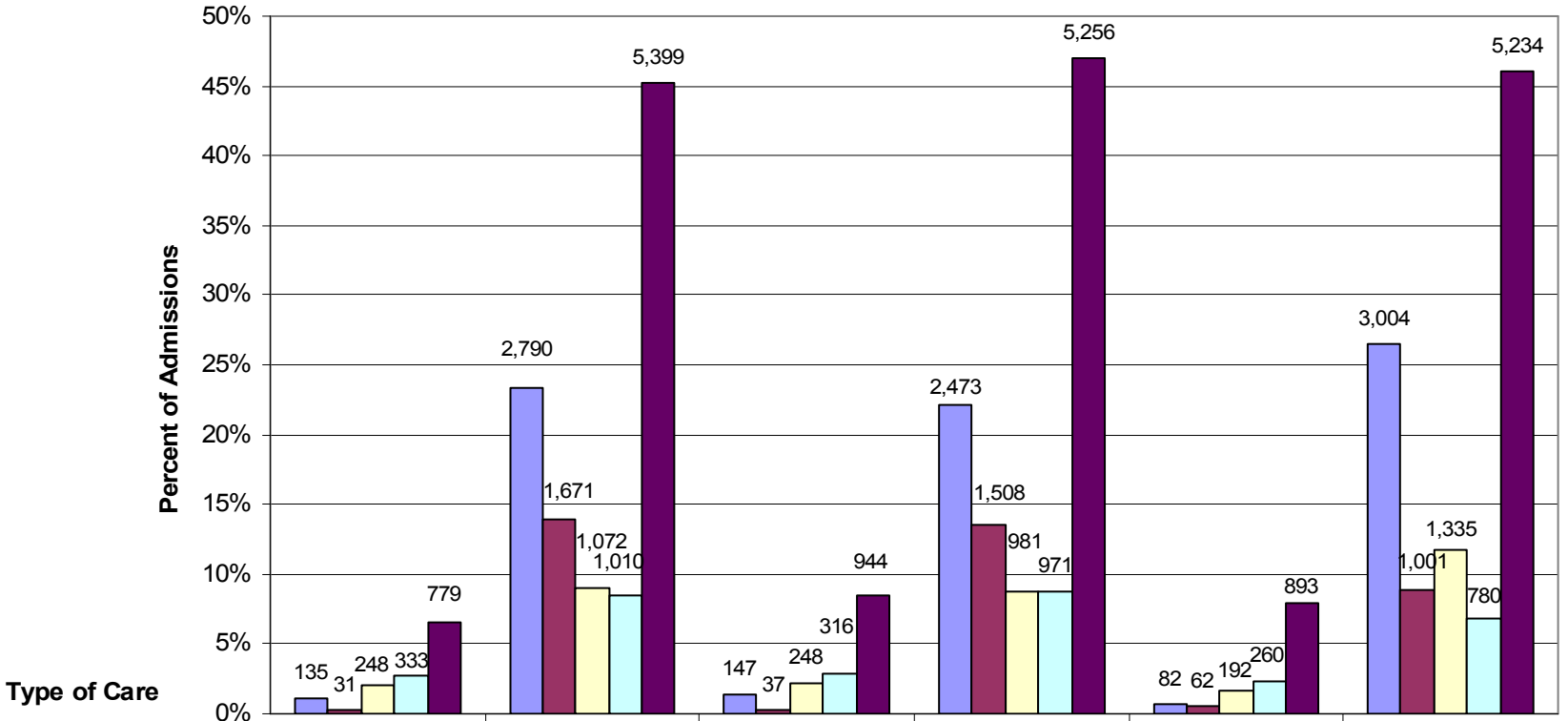


Chart 12: Admissions to Treatment by Level of Care, SFY 2004 - 2006



Type of Care	2004 Adolescent	2004 Total	2005 Adolescent	2005 Total	2006 Adolescent	2006 Total
Detoxification	1.1%	23.4%	1.3%	22.1%	0.7%	26.5%
Short Term Residential	0.3%	14.0%	0.3%	13.5%	0.5%	8.8%
Long Term Residential	2.1%	9.0%	2.2%	8.8%	1.7%	11.8%
Intensive Outpatient	2.8%	8.5%	2.8%	8.7%	2.3%	6.9%
Outpatient	6.5%	45.2%	8.4%	47.0%	7.9%	46.1%

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Battle Mountain													
Vitality Unlimited Cottonwood Counseling Services - Contact Main Office in Elko Battle Mountain NV 89820	Phone: Fax:	(775) 738-8004 (775) 738-2625	F				A Y	A Y					
Carson City													
American Comprehensive Counseling Services 625 Fairview St., Ste. 125 Carson City NV 89701	Phone: Fax:	(775) 883-4325 (775) 883-4355											X
Carson Mediation and Counseling Center 755 N. Roop St., Ste. 108 Carson City NV 89701	Phone: Fax:	(775) 887-0303 (775) 887-0304											X
Community Counseling Center-CC 205 S. Pratt St. Carson City NV 89701-5240	Phone: Fax: ***Speaks Spanish***	(775) 882-3945 (775) 882-6126	F		A	A	A Y	A Y			A	A	X
Creative Solutions 116 E. 7th St., Ste. 205K Carson City NV 89701	Phone: Fax:	(775) 720-8090 N/A											X
Cinper Evaluation Center 2874 N. Carson St. ,#215 Carson City NV 89706	Phone: Fax:	(775) 885-7717 N/A											X
John Glenn Evaluation Center 1000 E. William St., #111 Carson City NV 89703	Phone: Fax: ***Speaks Spanish***	(775) 882-4340 (775) 882-4747											X
Dayton													
Lyon Council on AOD 50 River St. Dayton NV 89403	Phone: Fax:	(775) 463-6597 (775) 246-6314	F					A Y					X
Elko													
Elko County Juvenile Probation Department 665 W. Silver St. Elko NV 89801	Phone: Fax:	(775) 753-4603 (775) 753-4613						Y					
Vitality Unlimited 3740 E. Idaho St. Elko NV 89801-4611	Phone: Fax: ***Speaks Shoshone***	(775) 738-8004 (775) 738-2625	F		A	A		A Y			A Y	A	X
Ely													
Mental Health and Developmental Services 1665 Ave. F Ely NV 89301	Phone: Fax:	(775) 289-1671 (775) 289-1699	F	A Y				A Y					
Fallon													
New Frontier 165 N. Carson St. Fallon NV 89406	Phone: Fax: ***Speaks Spanish***	(775) 423-1412 (775) 423-4054	F	A		A	A	A			A		

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Fernley													
Lyon Council on AOD 200 E. Main St. Fernley NV 89408	Phone: Fax: ***Speaks Spanish***	(775) 463-6597 (775) 575-6191	F				A	A Y					
Hawthorne													
Mental Health and Developmental Services 1000 'C' St. Hawthorne NV 89415	Phone: Fax:	(775) 945-3387 (775) 945-2307	F	A Y				A Y					
Henderson													
ABC Therapy 7 Water St., Ste. A Henderson NV 89015	Phone: Fax:	(702) 568-9971 (702) 568-5974						A	A				
Clark County Department of Family Services – Family Preservation 522 E. Lake Mead Dr. Henderson NV 89015	Phone: Fax:	(702) 486-6770 (702) 455-8902	F					A					
Henderson Court Programs 243 Water St., Lower Level Henderson NV 89015	Phone: Fax:	(702) 267-1350 (702) 267-1351											X
New Life Medical Center 704 W. Sunset Rd., Ste. B-9 Henderson NV 89015	Phone: Fax:	(702) 558-8600 (702) 558-8700						A		A			
Westcare @ Safehouse 921 American Pacific, Ste. 300 Henderson NV 89015	Phone: Fax:	(702) 383-4044 (702) 658-0480	F					A Y					
Incline Village													
Sierra Recovery Center 948 Incline Wy. Incline Village NV 89451	Phone: Fax: ***Speaks Spanish***	(530) 541-5190 (530) 541-6031	F	A				A P					
Las Vegas													
ABC Therapy 730 N. Eastern Ave., Ste. 110 Las Vegas NV 89101	Phone: Fax: ***Speaks Spanish***	(702) 598-2020 (702) 598-2018						A	A				
Adelson Clinic 3661 S. Maryland Pkwy., Ste. 64 Las Vegas NV 89109-3003	Phone: Fax: ***Speaks Spanish***	(702) 735-7900 (702) 735-0081	F					A		A			
B.D.D. Counseling 3909 S. Maryland Pkwy., Ste. 211 Las Vegas NV 89119	Phone: Fax:	(702) 384-2960 (702) 384-2963						A					
Bridge Counseling Associates 1701 W. Charleston Blvd., Ste. 400 Las Vegas NV 89102-2320	Phone: Fax: ***Speaks Spanish***	(702) 474-6450 (702) 474-6463	F	A Y				A Y					

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Las Vegas													
Center for Addiction Medicine 6000 W. Rochelle, Ste. 800 Las Vegas NV 89103	Phone: Fax:	(702) 873-7800 (702) 873-0834						A					
Center for Behavioral Health 3050 E. Desert Inn Rd., Ste. 116 Las Vegas NV 89121	Phone: Fax:	(702) 796-0660 (702) 796-1835 ***Speaks Spanish***						A		A			
Center for Behavioral Health, Inc. 721 E. Charleston, #6 Las Vegas NV 89104	Phone: Fax:	(702) 382-6262 (702) 382-5017						A		A			
Center for Independent Living 1417 Las Vegas Blvd N. Las Vegas NV 89101-1115	Phone: Fax:	(702) 385-3776 (702) 385-1764	F					A Y				A Y	
Choices Group, Inc. 800 S. Valley View Blvd. Las Vegas NV 89107	Phone: Fax:	(702) 252-8342 (702) 252-8349					A	A Y					
Clark County Court Education Program 200 Lewis Ave., 4th Floor Las Vegas NV 89155-1722	Phone: Fax:	(702) 671-3317 N/A ***Speaks Spanish***											X
Community Counseling Center-LV 1120 Almond Tree Ln., Ste. 207 Las Vegas NV 89104-3229	Phone: Fax:	(702) 369-8700 (702) 369-8489 ***Speaks Spanish***	F	A				A Y				A	
Family & Child Treatment of Southern Nevada 1050 South Rainbow Blvd. Las Vegas NV 89145	Phone: Fax:	(702) 258-5855 (702) 258-9767 ***Speaks Spanish***	F	Y				Y	Y				
Human Resource Development Institute 3365 E. Flamingo, Ste. 10 Las Vegas NV 89121	Phone: Fax:	(702) 933-1156 (702) 933-1163 ***Speaks Spanish***						A					
Las Vegas Indian Center, Inc. 2300 W. Bonanza Rd. Las Vegas NV 89106	Phone: Fax:	(702) 647-5842 (702) 647-2647	F					A					
Las Vegas Municipal Court 2917 W. Washington Las Vegas NV 89107	Phone: Fax:	(702) 229-2252 (702) 646-3395 ***Speaks Spanish***											X
Las Vegas Recovery Center 3371 N. Buffalo Drive Las Vegas NV 89129	Phone: Fax:	(702) 515-1373 (702) 515-1379				A		A			A		
LRS Systems, Ltd. 2077 E. Sahara Ave. Las Vegas NV 89104	Phone: Fax:	(702) 732-0214 (702) 699-9923 ***Speaks Spanish***							A				
Mesa Family Counseling 1000 S. Third St., Ste. F Las Vegas NV 89101	Phone: Fax:	(702) 383-6001 (702) 380-0890						A					

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Las Vegas													
Nevada Treatment Center 1721 E. Charleston Blvd. Las Vegas NV 89104-1902	Phone: Fax: ***Speaks Spanish***	(702) 382-4226 (702) 382-4306	F	A						A			
New Life Medical Center 1800 Industrial Rd., Ste. 208 Las Vegas NV 89102	Phone: Fax:	(702) 474-4104 (702) 474-4108						A		A			
Options Evaluation Center 4528 W. Craig Rd., Ste. 150 Las Vegas NV 89032	Phone: Fax:	(702) 646-4736 (702) 646-1301											X
WestCare Nevada 5659 Duncan Drive Las Vegas NV 89130	Phone: Fax: ***Speaks Spanish***	(702) 385-2020 (702) 658-0480	F		A Y	A Y		A Y P	Y		A P	A Y	
WestCare Nevada 930 N. 4th St. Las Vegas NV 89106	Phone: Phone: ***Speaks Spanish***	(702) 385-3330 (702) 383-4044	F	A	A	A		A					
Laughlin													
Westcare-Laughlin 3650 South Pointe Circle, Ste. 205 Laughlin NV 89028	Phone: Fax:	(702) 299-0142 (702) 299-0143	F					A Y					
Lovelock													
New Frontier Contact New Frontier in Fallon Lovelock NV 89419	Phone: Fax: ***Speaks Spanish***	(775) 423-1412 (775) 423-4054	F				A	A Y			A		
Mesquite													
Mental Health and Developmental Services 61 N. Willow, Ste. 4 Mesquite NV 89027	Phone: Fax:	(702) 346-4696 (702) 346-4699	F	A Y				A Y					
Minden													
Community Counseling Center 1624 Library Ln., Ste. C Minden NV 89423	Phone: Fax:	(775) 882-3945 N/A	F					Y					
Mt. Charleston													
WestCare Nevada Inc. - Harris Springs Contact WestCare Nevada in Las Vegas Mt. Charleston, NV 89124	Phone: Fax: ***Speaks Spanish***	(702) 872-5382 (702) 872-5381									A Y	Y	
North Las Vegas													
Nevada Medical Systems 2516 E. Lake Mead Blvd. North Las Vegas NV 89036	Phone: Fax:	(702) 399-1600 (702) 399-5017						A		A			
North Las Vegas Awareness School, Inc. 2934 Van Der Meer St. North Las Vegas NV 89030	Phone: Fax: ***Speaks Spanish***	(702) 642-9866 (702) 215-6312						A					

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
North Las Vegas													
North Las Vegas Municipal Court 2332 N. Las Vegas Blvd. North Las Vegas NV 89030	Phone: Fax:	(702) 633-1130 (702) 633-2481											X
Salvation Army 211 Judson Ave. North Las Vegas NV 89030-5642	Phone: Fax:	(702) 399-2769 (702) 399-0271	F								A		
Owyhee													
Shoshone Paiute Tribes of Duck Valley Reservation P O Box 130 Owyhee NV 89832	Phone: Fax:	(775) 757-2415 x239 (775) 757-3929						A					
Pahrump													
Mental Health and Developmental Services 1840 S. Pahrump Valley Blvd., Ste. A Pahrump NV 89048	Phone: Fax:	(775) 751-7406 (775) 751-7409	F	A Y				A Y					
Nye County Counseling Services 5061 S. Sumpter Ct. Pahrump NV 89061	Phone: Fax:	(775) 537-2747 (775) 537-2322						A					
Reno/Sparks													
American Therapeutic Association 2105 Cappuro Way, Ste. 100 Sparks NV 89431-8586	Phone: Fax:	(775) 355-7734 (775) 355-7759 ***Speaks Spanish***						A		A			
Bridge Center (The) 1201 Corporate Blvd., Ste. 100. Reno NV 89502	Phone: Fax:	(775) 857-2999 (775) 857-2998					Y	A Y					
Bristlecone Family Resources 1725 S. McCarran Blvd. Sparks NV 89431	Phone: Fax:	(775) 954-1400 (775) 954-1406	F	A		A	A	A		A	A	A	
Center for Behavioral Health 160 Hubbard Way, Ste. A Reno NV 89502	Phone: Fax:	(775) 829-4472 (775) 829-4467						A		A			
Evaluation Center (The) 150 N. Center St., #318 Reno NV 89502	Phone: Fax:	(775) 240-5251 (775) 337-2522											X
Evergreen Evaluation and Education Center 741 Greenbrae Drive Sparks NV 89431	Phone: Fax:	(775) 358-1101 (775) 358-9397 ***Speaks Spanish***											X
Family Counseling Services of No. NV 575 E. Plumb Ln., #100 Reno NV 89502-3543	Phone: Fax:	(775) 329-0623 x103 (775) 337-2971 ***Speaks Spanish***	F					A Y					
Lynne Daus Evaluation Center 421 Hill St., #3 Reno NV 89501	Phone: Fax:	(775) 348-7550 (775) 626-6674											X

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Reno/Sparks													
Nevada Urban Indians 5301 Longley Ln. #178 Reno NV 89511	Phone: Fax:	(775) 788-7600 (775) 788-7611						A Y					
Northern Nevada Evaluation Center, Inc. 505 S. Arlington, Ste. 206 Reno NV 89509	Phone: Fax:	(775) 329-5006 (775) 329-5061 Speaks Spanish											X
Quest Counseling and Consulting, Inc. 4500 Lakeside Ct., Ste. 101 Reno NV 89509	Phone: Fax:	(775) 786-6880 (775) 786-6899					Y	A Y					
Reno Sparks Tribal Health Center 34 Reservation Rd. Reno NV 89502-1588	Phone: Fax:	(775) 329-5162 (775) 785-9160 ***Speaks Spanish***	F	A Y				A Y	A Y				X
Ridge House (The) 900 W. First St., Ste. 200 Reno NV 89503	Phone: Fax:	(775) 322-8941 (775) 322-1544	F	A				A			A	A	
Step 1, Inc. 1015 N. Sierra St. Reno NV 89503	Phone: Fax:	(775) 322-3576 (775) 329-9830										A	
Step 2, Inc. 3695 Kings Row Reno NV 89503	Phone: Fax:	(775) 787-9411 x202 (775) 787-9445	F					A P			A	A P	
Vitality Unlimited Actions Program 3655/3660/3680 El Rancho Reno NV 89433	Phone: Fax:	(775) 673-3800 (775) 673-3881	F	Y				Y			Y		
S. Lake Tahoe													
Sierra Recovery Center 972-B Tallac Ave. S. Lake Tahoe CA 96150-7995	Phone: Fax:	(530) 541-5190 (530) 541-6031 ***Speaks Spanish***	F			A	A	A			A	A P	
Silver Springs													
Lyon Council on AOD 2475 Fort Churchill/McAtee Bldg Silver Springs NV 89429	Phone: Fax:	(775) 463-6597 N/A ***Speaks Spanish***	F					A Y					
Tonopah													
Mental Health and Developmental Services 825 S. Main St. Tonopah NV 89049	Phone: Fax:	(775) 482-6742 (775) 482-3718 ***Speaks Spanish***	F	A Y				Y A					
Virginia City													
Lyon Council on AOD (Community Chest) 991 South C St. Virginia City NV 89440	Phone: Fax:	(775) 847-9311 (775) 847-9335 ***Speaks Spanish***	F					A Y					

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/

January 16, 2007

			Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Winnemucca													
Vitality Unlimited Silver Sage 530 Melarkey St., Ste. 206 Winnemucca NV 89445	Phone: Fax:	(775) 623-3626 (775) 623-1913	F				A Y	A Y					
Yerington													
Lyon Council on AOD 215 W. Bridge St., #8 Yerington NV 89447-0981	Phone: Fax:	(775) 463-6597 (775) 463-6598 ***Speaks Spanish***	F				A	A Y					X
Rite of Passage 100 Rosaschi Rd. Yerington NV 89447	Phone: Fax:	(775) 463-6597 (775) 463-6598 ***Speaks Spanish***						Y					

*CPC=Civil Protective Custody

A=Adults P=Specialized Services for Pregnant Women and Women with Dependent Children
Y=Youth X=Evaluation Centers F=Funded

Substance Abuse Prevention and Treatment Agency

Certified Treatment Providers (Not Generally Accessible to Public)

January 16, 2007

Program Name	Address	Phone	Fax	Funded	Population Served
China Spring Youth Camp	P O Box 218 Minden NV 89423-0218	(775) 265-5350	(775) 265-7159	Yes	Juvenile Justice
CiviGenics, Inc. (DUI) Indian.Springs Prison	P O Box 208 Indian Springs NV 89070	(702) 486-3561	(702) 879-3292		Adult Corrections
Vitality Center – WINGS NNCC	P O Box 7007 Carson City NV 89702	(775) 887-9300	(775) 887-9397		Adult Corrections
Washoe County Sheriff's Office	911 Parr Blvd. Reno NV 89512-1014	(775) 328-6386	(775) 328-6305	Yes	Adult Corrections
Women's Development Center	953 E. Sahara Ave. Ste. 201 Las Vegas NV 89104	(702) 796-7770	(702) 796-3007		Adult Corrections

Substance Abuse Prevention and Treatment Agency

Other Important Contact Information

January 16, 2006

Agency	800 Number	Northern Nevada	Southern Nevada
INFORMATION ONLY			
National Clearinghouse for Alcohol and Drug Info.	1(800) 729-6686	N/A	N/A
Nevada Substance Abuse Resource Center	1-866-784-6336	(775) 784-6336	(702) 385-0684
Poison Information	N/A	(775) 982-4129	(702) 732-4989
REFERRAL and INFORMATION			
AIDS (CDC National AIDS/HIV Hotline)	1 (800) 232-4636	N/A	N/A
AIDS-Teen Line	1 (800) 440-8336	N/A	N/A
Bureau of Alcohol and Drug Abuse	N/A	(775) 684-4190	(702) 486-8250
Crisis Mental Health Unit	N/A	(775) 877-4673	(702) 486-8020
Juvenile Court Services (Abuse and Neglect)	1-(800) 992-5757	(775) 328-2300 day (775)784-8090 eve.	(702) 399-0081
National Council on Compulsive Gambling	1 (800) 522-4700	N/A	N/A
National Domestic Violence Hotline	1 (800) 799-7233	N/A	N/A
National Mental Health Association	1 (800) 969-6642	N/A	N/A
National Youth Crisis Hotline	1 (800) 448-4663	N/A	N/A
Rape Crisis Center	1 (800) 752-4528	N/A	N/A
Substance Abuse Help Line (Crisis Call Center)	1 (800) 450-9530	N/A	N/A
Suicide Prevention Resource Center	1 (800) 992-5757	N/A	N/A
National Suicide Prevention Lifeline	1-800-273-8255	N/A	N/A
Youth Runaway Emergency Shelter	1 (800) 448-4663	N/A	N/A
SELF HELP			
Alanon and Alateen Groups	N/A	(775) 348-7103	(702) 615-9494
Alcoholics Anonymous	N/A	(775) 355-1151	(702) 598-1888
Gamblers Anonymous	N/A	(775) 356-8070	(888) 442-2110
Narcotics Anonymous	N/A	(775) 322-4811	(702) 369-3362

V. PREVENTION

Prevention Overview

Prevention is defined as "a proactive process of helping individuals, families, and communities to develop the resources needed to develop and maintain healthy lifestyles."[15] Prevention is broad based in the sense that it is intended to alleviate a wide range of at-risk behaviors including, but not limited to, alcohol, tobacco, and other drug abuse, crime and delinquency, violence, vandalism, mental health problems, family conflict, parenting problems, stress and burnout, child abuse, learning problems, school failure, school drop outs, teenage pregnancy, depression, and suicide.

SAPTA has established a system whereby the Agency purchases substance abuse prevention services through local providers across the state, in three year competitive cycles. The primary Agency strategies are the coordination and implementation of all state and federal funding through planning and analysis of alcohol and drug abuse need. Through this process, the services required are identified, and applications are requested which address needed services. Applications are reviewed by Agency staff and outside independent review panels. Funds are awarded on the basis of the programs' ability to provide the requested service. As stated in NRS 458.025, only agencies which have received SAPTA certification are eligible for funding. After awards are made, the Agency monitors compliance with the programmatic and fiscal terms of the subgrants. Also, the Agency provides programs with technical assistance to ensure that appropriate services are provided.

Elements of the Agency's prevention strategy are described below:

- Provide Nevadans access to quality substance abuse prevention services.
- Provide information regarding how many participants are being served as a result of Agency funding and the type of services provided.
- Develop an infrastructure to assist prevention providers in providing effective quality and quantity of services.
- Verify that state and federal funds are being used to purchase services that achieve state and federal goals.
- Require the assessment of priority risk and protective factors for individual communities.
- Enhance or expand collaboration with SAPTA funded substance abuse prevention coalitions.
- Require the assessment of individual communities in identifying target populations.
- Utilize the Center for Substance Abuse Prevention (CSAP) six strategies of substance abuse prevention, which include Information Dissemination, Prevention Education, Alternative Activities, Problem Identification, Community Based Process and Environmental Strategies.

[15] International Certification and Reciprocity Consortium; IC&RC

Prevention Overview Continued

- Support evidence-based programs. These programs must be based on research or prior program findings that demonstrate the programs will prevent or reduce substance use by youth.

Prevention Accom-plishments

- ☆ SAPTA funded programs received approximately $4.6 million in SFY 2006. The funding agreements were typically committed for a three-year project period. For every dollar invested in substance abuse prevention, seven dollars in savings are realized.[16]
- ☆ In SFY 2006, SAPTA funded 30 primary prevention providers who are implementing substance abuse prevention programs to reduce and prevent substance use. Funded prevention programs provide one or more of the six prevention strategies that are promoted by the Center for Substance Abuse Prevention (CSAP). The six strategies include: information dissemination, prevention education, alternative activities, problem identification and referral, community-based processes, and environmental strategies. These providers served 12,877 youth and family members.
- ☆ SAPTA funded and worked with 13 community-based coalitions, using CSAP's Strategic Prevention Framework Five Step Planning model. These 13 coalitions were responsible for the planning, coordination and oversight of 51 prevention programs and environmental strategies statewide, which were projected to serve approximately 8,100 participants.
- ☆ Work continued with community-based coalitions to develop local programs, strategies, practices and a statewide plan to address substance abuse prevention in a coherent and intelligent manner. SAPTA's coalition strategy included using the coalitions to increase provider capacity through a planning process, which includes grant writing and other resource development activities.
- ☆ In 2006, the Agency, through an agreement with the Center for the Application of Substance Abuse Technologies (CASAT), agreed to conduct on-line courses, video-tapes and seminar courses covering evidence-based fundamentals of substance abuse prevention programming, prevention theory, evidence-based practices, program planning, and the importance of culture in successfully implanting prevention principles of effectiveness. Further progress was made in the adoption of evidence-based programming as all courses bring the latest science to the prevention field and help bridge the gap between prevention research and application.
- ☆ During the final Summer Institute in 2005, 219 professionals participated in the prevention tracks. Between July of 2005 and June of 2006 a total of 386 professionals participated in prevention workshops.
- ☆ In SFY 2006, approximately 214,000 pieces of literature were distributed by SAPTA supported clearinghouses statewide.
- ☆ SAPTA's data team and prevention staff worked with the developer of NHIPPS to modify the system to include prevention data and information. This has resulted in the Agency having only one database to track fiscal, treatment and prevention activities. The system will be able to gather and report on all federally required prevention data and activities.

[16] "Principles of Effective Substance Abuse Prevention," published by the National Institute of Drug Addiction (NIDA), 1998.

Prevention Accomplishments Continued

- ☆ Use of the Institute of Medicine's Continuum of Care was adopted to ensure that services are integrated and seamless between prevention, intervention, and treatment. Universal, selective, and indicated prevention services are provided to appropriately identified populations through the assessment of data and needs.
- ☆ Utilized local coalitions and providers to determine and prioritize needs in communities through the examination and analysis of all relevant available data.
- ☆ Publication and use of a state epidemiological profile for prevention needs in Nevada was published in 2005 and is being updated in 2007.
- ☆ Currently Nevada has 13 coalitions which act as regional centers that are continuing to move toward Centers of Excellence status through training and technical assistance provided by SAPTA and other partners.
- ☆ The federally required Synar report which tracks illegal sales of tobacco to minors shows that the noncompliance rate in Nevada for FFY 2006 is 16%. This is 4% less than the 20% maximum set by the federal government for state compliance.
- ☆ Nevada was one of 21 states to receive funding through SAMHSA/CSAP for the Strategic Prevention Framework State Incentive Grant (SPFSIG). Using data driven decision making, this grant focuses on reducing alcohol related motor vehicle fatalities associated with high risk under age and young adult drinking.

Need for Prevention Programs

Substance abuse among high school students and adults alike is a problem in Nevada. Binge drinking and heavy drinking have traditionally been higher than the national average for both youth and adults (YRBS and BRFSS). In 2005, Nevada's rate for adult binge drinking in the past 30 days was 17.6% compared to 14.4% nationwide. For binge drinking, Nevada ranked sixth nationwide, including the District of Columbia and Territories (BRFSS Prevalence Data 2005). In Nevada, heavy alcohol consumption resulted in 37% of all fatal traffic crashes reported in 2005 compared to the national average of 39%.[17] 2005 marked the first time in 10 years that Nevada's average was lower than the national average for alcohol related fatalities. Unfortunately, Nevada remained the ninth highest state in motor vehicle fatalities in the nation despite the improvement. Perhaps most noteworthy when considering prevention need is Nevada's rates for past year methamphetamine use for adolescents and young adults from 2002-2005, according to research findings for the 50 states and the District of Columbia described in "The NSDUH Report: State Estimates of Past Year Methamphetamine Use," Issue 37, 2006. In that report, Nevada is cited as having the highest rate of use at 2% for "Percentages of Persons Aged 12 or Older Reporting Past Year Methamphetamine Use, by State: 2002, 2003, 2004, and 2005." Furthermore, Nevada was found to be in the top quintile for "Percentages of Young Adults Aged 18 to 25 Reporting Past Year Methamphetamine Use, by State: 2002, 2003, 2004, and 2005."

Prevention Participants Served

Table 9 on the next page provides unduplicated participants in SAPTA funded prevention programs statewide, as reported by providers prior to the adoption of NHIPPS, and information on the number of items of literature distributed by the state clearinghouse system. As can be seen in the table, the number of children and families being served has increased over the past three years.

[17] "Fatality Analysis and Reporting System," U.S. Department of Transportation, National Center for Statistics and Analysis, 2005.

Prevention Participants Served Continued

Table 9: Prevention Clients Served and Literature Distributed, SFY 2004 - 2006

Deliverable	SFY 2004			SFY 2005			SFY 2006		
	Adolescents	Adults	Total	Adolescents	Adults	Total	Adolescents	Adults	Total
Individuals Served	6,870	2,224	9,094	6,989	5,155	12,144	8,012	4,865	12,877
Literature Distributed	458,616			145,000			214,000		

Coalition Building & Strategic Prevention Framework

Community coalitions strive to include a broad representation of individuals and organizations from their communities. Thirteen (13) community-based coalitions have been selected to develop and implement "The Five Steps of SAMHSA's Strategic Prevention Framework" in all seventeen (17) counties in Nevada. The 5-Steps are shown below:

Step 1: *Conduct a community needs assessment.* This step involves mobilizing the community and its key stakeholders - part of this mobilization is the creation of a statewide epidemiological workgroup to spearhead the data collection process and to define the problems and underlying factors to be addressed in Step 4: Implementation. Some other key components in this step include identifying the existing prevention infrastructure in the State and its communities, assessing cultural competence, isolating service gaps, and gauging communities readiness and leadership that will advance successful implementation of evidenced based policies, programs, and practices.

Step 2: *Mobilize and/or build capacity.* This step focuses on convening key stakeholders, coalitions, and service providers. Training and education are introduced. Creation and continuation of partnerships is central to achieving related goals. The development of both financial and organizational resources that can provide sustainability as well as evaluation capacity is fostered.

Step 3: *Develop a comprehensive strategic plan.* Strategic Goals, Objectives, and Performance Targets are produced as a result of strategy development meetings/sessions. Logic Model development is incorporated into the planning process to insure data drives the policies, programs, and practices put into action. An Evaluation Plan is conceived and performance measures are established.

Step 4: *Implement evidence-based prevention programs and infrastructure development activities.* Guided by the Strategic Plan, action is taken in this step. An Action Plan is developed and materials needed to implement identified programs, policies and practices are acquired. The Evaluation Plan is fully developed and put into practice; this includes the collection of process measure data and ongoing monitoring of performance fidelity.

Step 5: *Monitor process and evaluate effectiveness.* This step includes measuring the effectiveness of the programs, policies, and practices implemented. Collection and analysis of data is central to the monitoring and evaluation processes. Areas for improvement are identified and recommendations are then made describing how to improve effectiveness, efficiency, and fidelity in relation to the Strategic Plan, relevant Action Plans, and measures.

Coalition Building & Strategic Prevention Framework Continued

As a requirement of the State Prevention Framework State Incentive Grant (SPFSIG) described on pages 54 and 55, a State Epidemiological Workgroup (SEW) was reactivated to analyze and support data driven decisions made by the SIG's Advisory Committee. The SEW helps to identify prevention needs at both local and state levels through substance related consumption and consequence indicators. The SEW assisted SAPTA staff in creating a resource document in the form of an Epidemiological Profile. The purpose of the Epidemiological Profile is to promote effective substance abuse prevention in Nevada and to provide data for substance abuse prevention coalitions and organizations at the county and community levels. It provides baseline data to address gaps and barriers at both the state and county levels.

The Epidemiological Profile addresses four major priorities identified by the SEW. They are listed below in order of priority:

1. Youth alcohol use
2. Youth methamphetamine use
3. Heavy adult alcohol use
4. Youth marijuana use

In addition to addressing the above SEW priorities, Coalitions have also prioritized local risk factors which they deemed to be in most need of receiving prevention services. These priorities are based on their Comprehensive Community Prevention Plan research. Table 10 shown below depicts risk factors to be addressed, as identified by SAPTA funded coalitions.

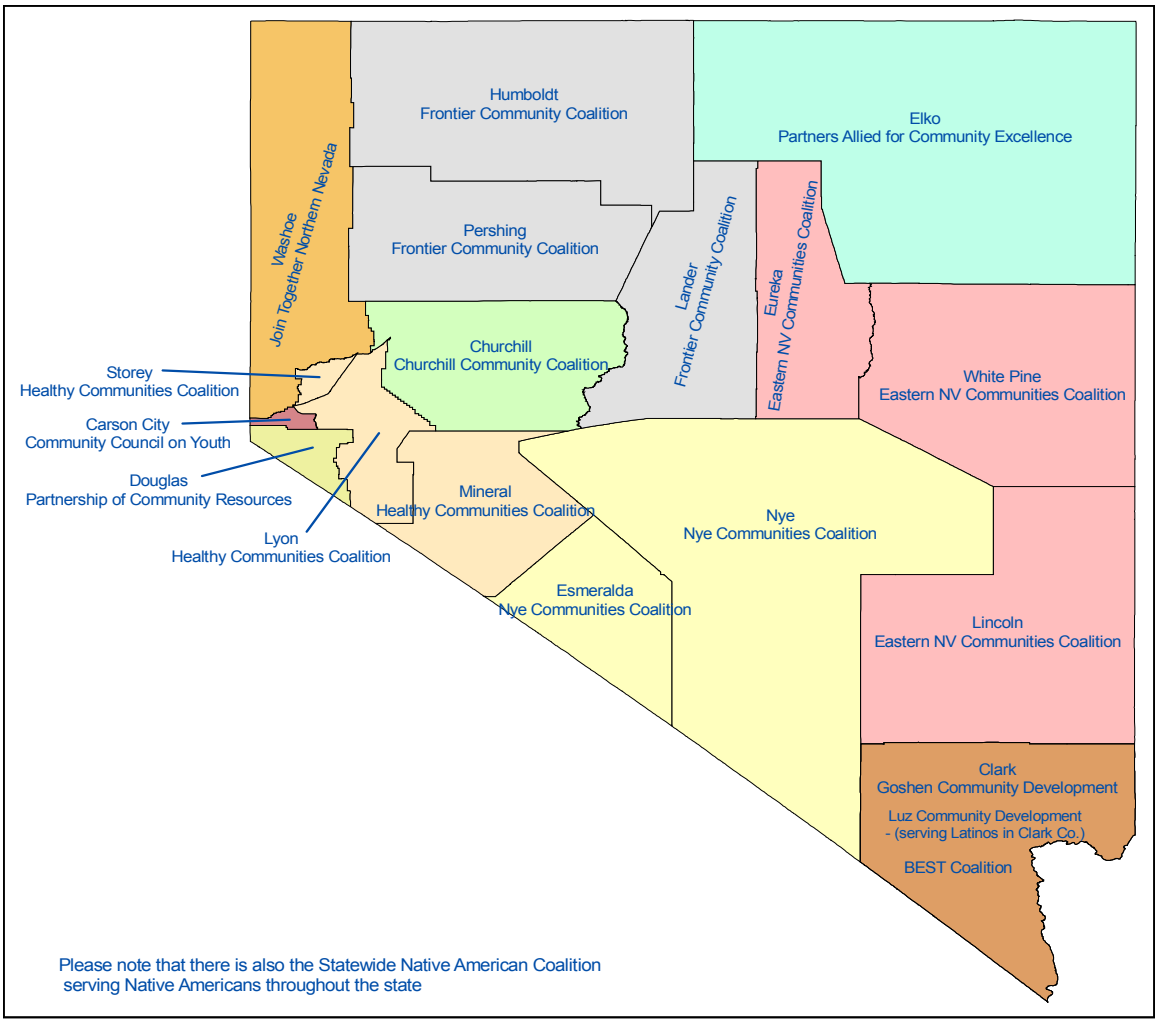
Table 10: Coalition Prioritized Risk Factors

Domain / Risk Factor	SAPTA Substance Abuse Prevention Coalitions												
	Eastern Nevada Communities Coalition	Bringing Everyone's Strengths Together	Community Council on Youth	Churchill Community Coalition	Frontier Community Coalition	Goshen Community Development Coalition	Healthy Communities Coalition	Join Together Northern Nevada	Luz Community Development Coalition	Nye Communities Coalition	Partners Allied for Community Excellence	Partnership of Community Resources Coalition	Statewide Native American Coalition
Community Domain													
Availability of drugs		X		X	X	X	X		X		X	X	X
Community laws and norms favorable toward drug use			X		X	X	X	X	X		X		
Low neighborhood attachment/community disorganization/transitions and mobility							X			X			X
Favorable community attitudes toward problem behavior							X						
Economic deprivation							X						
Family Domain													
Family management problems		X	X	X	X		X	X			X	X	X
Favorable parental attitudes and involvement in the problem behavior	X				X		X			X	X		
Family history of the problem behavior								X					X
School Domain													
Academic failure: late elementary school					X	X			X			X	
Lack of commitment to school		X		X			X			X			X
Individual / Peer Domain													
Favorable attitudes toward the problem behavior	X		X		X	X			X	X			
Early initiation of the problem behavior	X			X	X		X	X				X	
Friends who engage in the problem behavior								X		X			
Alienation and rebelliousness		X	X							X		X	X

Coalition Building & Strategic Prevention Frame-work Continued

In SFY 2006, Nevada supported 13 coalitions with block grant, state general, State Incentive Grant (SIG), and data infrastructure funding. Ten of the coalitions are and have been active for more than five years. These geographic-based coalitions cover all 17 Nevada counties. Below is a map entitled "Coalition Locations and Counties Served" that shows which counties each of the 13 coalitions serve. In addition to the coalitions that serve specific geographic areas, one of the 13 coalitions, the Statewide Native American Coalition, is funded to serve the statewide Native American population in Nevada.

Map 3: Coalition Locations and Counties Served



Safe and Drug Free Schools

As the Single State Agency for substance abuse prevention and treatment activities in Nevada, SAPTA has been designated by the Governor to receive and administer his portion of the Safe and Drug Free Schools funding. SAPTA manages these funds in keeping with its substance abuse prevention program principles and federal requirements.

In an effort to provide comprehensive technical assistance to organizations receiving Safe and Drug Free School funds, support and technical assistance are provided in the

Safe and Drug Free Schools

areas of fiscal policies, program operating standards, evidence-based programming, workforce development, risk and protective factor analysis, target population, environmental issues, community development, evaluation, and other areas as required. So as to ensure that programmatic and fiscal initiatives complement one another, in order to receive related federal education funds, the No Child Left Behind federal legislation requires preparation of a joint state application with the Nevada Department of Education. Table 11 below details how SAPTA used this funding in SFY 2006.

Table 11: Where SAPTA Managed Safe and Drug Free Schools Dollars Go, November 2006

Agency Name	Program Name	Geographic Area	Total Number Served
Big Brothers Big Sisters of Northern Nevada	Community Based Mentoring	Washoe County	70 youth and their mentors
Boys and Girls Club of Mason Valley	SMART Moves and Power Hour	Lyon and Churchill	350 youth
Central Lyon Youth Connections	Project SUCCESS	Lyon County	250 youth
Community Chest, Inc.	Dare to be You and Tutoring	Storey County	30 youth
Community Initiatives	Positive Choices for Academic Success	Clark County	345 youth
Douglas County Juvenile Probation	Youth Intervention Program	Douglas County	306 youth and their parents.
Eureka County Juvenile Probation	Eureka Drug Free Program (Lifeskills and Tutoring)	Eureka County	129 youth
Frontier Community Coalition	Project MAGIC	Humboldt, Pershing, and Lander Counties	125 youth and their parents
Lutheran Social Services of Nevada	Project 4 Youth (Project Toward No Drug Abuse, Community Service and Youth/Parent Workshops)	Clark County	200 youth and their parents
Nevada Hispanic Services	All Stars	Washoe County	75 youth
University of Nevada, Las Vegas	Positive Action Summer Program	Clark County	325 youth
Total	**11 programs offered**	**11 counties served**	**2,205 youth and parents throughout Nevada**

State Incentive Grant (SIG)

The state of Nevada, Office of the Governor, was awarded a $9,000,000 State Incentive Grant (SIG) in 2002 to increase the capacity of the state's substance abuse prevention system by developing and supporting community coalitions throughout the state. The state issued a competitive Request For Application (RFA) and funds were distributed to communities starting in July 2004. Funding under the SIG will continue throughout FFY 2007. This funding has been providing $3,000,000 per year for the last three years to facilitate the development of 13 local coalitions covering all 17 counties in the state and serving two special populations (Latinos in Southern Nevada and Native Americans statewide). The result of this capacity building is that the coalitions are now funding 51 evidence based prevention programs and environmental strategies at the community level.

The SIG has enhanced the ability of Nevada's diverse communities to implement evidence based and best practice substance abuse prevention programs and services. This grant which is currently in its final year has worked successfully to accomplish three major goals: (1) to enhance the local substance abuse prevention infrastructure and ca-

SIG Continued

pacity by implementing effective prevention services, (2) leverage existing and new prevention funding sources to sustain prevention activities at the community level, and (3) to increase the number of evidence based prevention programs statewide. The state has succeeded in these goals by delegating the primary responsibility for planning and implementation to the community coalitions across the state. This has allowed the local community to take increased ownership in the high level of effectiveness of prevention activities in their communities. The SIG has allowed Nevada to increase local capacity and to provide quality and effective research driven programs statewide.

The purpose of Nevada's SIG is to reduce the use of alcohol, tobacco, and other drugs (ATOD) among Nevada's 12 to 25 year old youth through the development of a system for delivering prevention services through: (1) coordinating prevention services statewide and (2) implementing prevention programs based on sound scientific research. Improving the ATOD prevention system has both long-term and short-term objectives. Statewide measures will indicate reductions in illicit drug use, marijuana use, and binge drinking among 12 to 25 year olds, and show a delay in the age of first use of marijuana and alcohol.

The short-term changes (1 to 3 years) will be accomplished through three mechanisms on the local level: (1) enhancing local substance abuse prevention capacity, (2) leveraging existing prevention dollars from various sources, and (3) replacing ineffective ATOD prevention programming with evidence-based prevention programs. This vision is for local ATOD prevention coalitions to make funding decisions and monitor their effectiveness at a community level.

This project has been implemented through the collaboration of many federal and state agencies that have participated throughout the life of the grant in the decision making process, analysis of data and plans, and by providing support and technical assistance to local program providers. Some of the agencies which were involved in this process include, but is not limited to, the State Division of Child and Family Services, State Health Division, Governor's Youth Advisory Committee, Department of Education, and substance abuse prevention coalitions and service providers from across the state.

A team from SAPTA, with assistance from the project evaluators Pacific Institute for Research and Evaluation (PIRE), manages the Nevada SIG. Former Governor Kenny Guinn appointed the 20 members of the Nevada State SIG Advisory Committee and is directly involved in this effort through staff of the Governor's Office and numerous government administrators he appointed. This committee includes representation from the Governor's Office, state legislature, the Attorney General's Office, the State Division of Child and Family Services, the Governor's Youth Advisory Committee, the State Health Division, the State Department of Education, community agencies, tribal government, faith organizations, the Nevada Association of Counties, and the State Board of Health.

SIG Statistics

- SAPTA funds **13** coalitions for infrastructure purposes under the State Incentive Grant (SIG).

SIG Continued

- For SFY 2006, the SIG also funded **51** prevention coalition sub-recipient programs for implementation purposes, including broad based environmental programs. Based on projections, approximately 8,100 participants were served by these programs.

- Of the evidence-based programs implemented by the coalition sub-recipients:
  - **94%** were model
  - **4%** were unproven
  - **2%** were promising

- Of the CSAP strategies that were implemented by the coalition sub-recipients:
  - **62%** fell under Prevention Education
  - **18%** fell under Community Based/Environmental
  - **14%** fell under Information Dissemination
  - **6%** fell under Alternative Activities

- Of the programs that were implemented by the coalition sub-recipients:
  - **50%** were targeted toward Youth/Adolescents
  - **32%** were targeted toward Adults/Parents
  - **18%** were targeted toward the Public (Environmental Strategies)

State Prevention Framework State Incentive Grant (SPFSIG)

SAMHSA awarded SAPTA $2.3 million per year, for five years, to bolster prevention capacity and infrastructure in Nevada. The SPFSIG will insure a solid foundation for delivering effective, culturally competent, evidence-based substance abuse prevention services in both rural and urban settings. The SPFSIG project creates a system of prevention services that links together various funding streams and prevention programs. The SPFSIG is designed to guide the state and local communities through a data driven process that identifies the priority needs for substance abuse prevention in the state. A state level assessment found that the number one priority for Nevada was to decrease the number of alcohol related motor vehicle fatalities, especially those that are linked to underage and young adult high risk drinking and related behaviors.

The overall goals of this federal grant are to:

- Prevent the onset and reduce the progression of substance abuse across the lifespan.

- Reduce substance abuse-related problems in communities.

- Build prevention capacity and infrastructure at the state and community levels.

The SPFSIG model provides a sequential set of steps (assessment, capacity building, planning, implementation, and evaluation) for the state and communities to follow. These steps are used to create a plan and select strategies that will effectively impact the

SPFSIG Continued

overall goals of the grant. The SPFSIG allows both the state and local communities to develop environmental strategies that will directly impact consumption patterns by focusing on the intervening variables which allow the high risk behaviors to develop. These intervening variables, such as: low enforcement, social availability, and easy access are shown in research to impact the drinking behaviors of both adolescents and young adults.

Synar Program

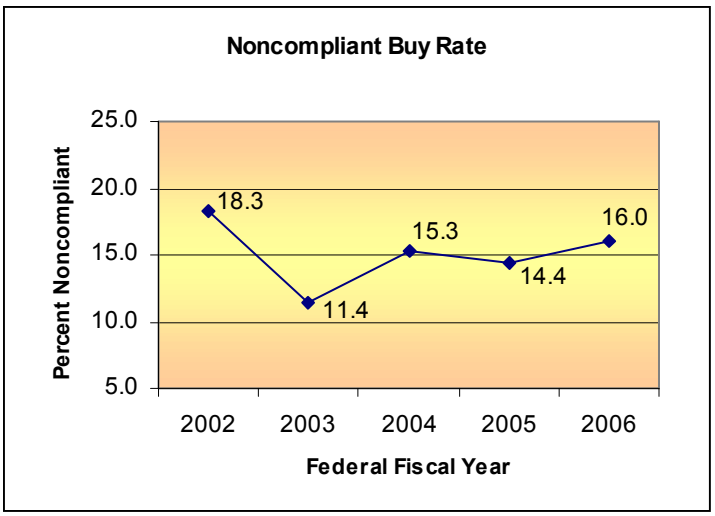
The Synar amendment was named after Mike Synar, a U.S. Congressman, who represented Oklahoma from 1979 to 1994. This amendment was passed by Congress in 1992, and requires each state to enforce an effective law prohibiting the sale of tobacco products to minors less than eighteen years of age. The Synar regulation is administered by SAMHSA. States not enforcing youth tobacco laws could lose up to 40% of their SAPT Block Grant. The Synar rule entitled *Substance Abuse Prevention and Treatment Block Grants: Sale and Distribution of Tobacco Products to Individuals Under 18 Years of Age,* was released in 1996 and requires states to:

- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
- Conduct annual random, unannounced inspections of retail outlets to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Develop a strategy and timeframe for achieving an inspection failure rate of less than 20% ±3% of outlets accessible to youth.
- Submit an annual report that details the state's activities to enforce its laws, the overall success achieved by the state during the previous fiscal year in reducing tobacco availability to youth, inspection methodology, methods used to identify outlets, and plans for enforcing the law in the coming fiscal year.

The Office of the Attorney General, Nevada Department of Justice conducts compliance checks on all retail outlets accessible to minors a minimum of twice per year. An analysis is conducted on a random sample of these facilities yearly for the Annual Synar Report. Figure 7 shown on the next page charts the Synar Study noncompliance rate (sales to minors) based on that sample. In recent years, the rate of sales to minors appears to have leveled out at about 15%.

Synar Continued

Figure 7: Synar Noncompliance Rate for Nevada,
Federal Fiscal Years 2002 - 2006



Prevention Charts and Tables

On the next five pages are Table 12, Table 13, and Charts 13-17 showing demographic makeup of individuals receiving SAPTA funded prevention services. On the five pages following these charts are two information listings: 1) "SAPTA Certified Prevention Programs," and 2) "SAPTA Certified Prevention Coalitions."

This Area is Intentionally Left Blank

Prevention Charts and Tables Continued

Chart 13: SAPTA Prevention Participants, SFY 2002 - 2006

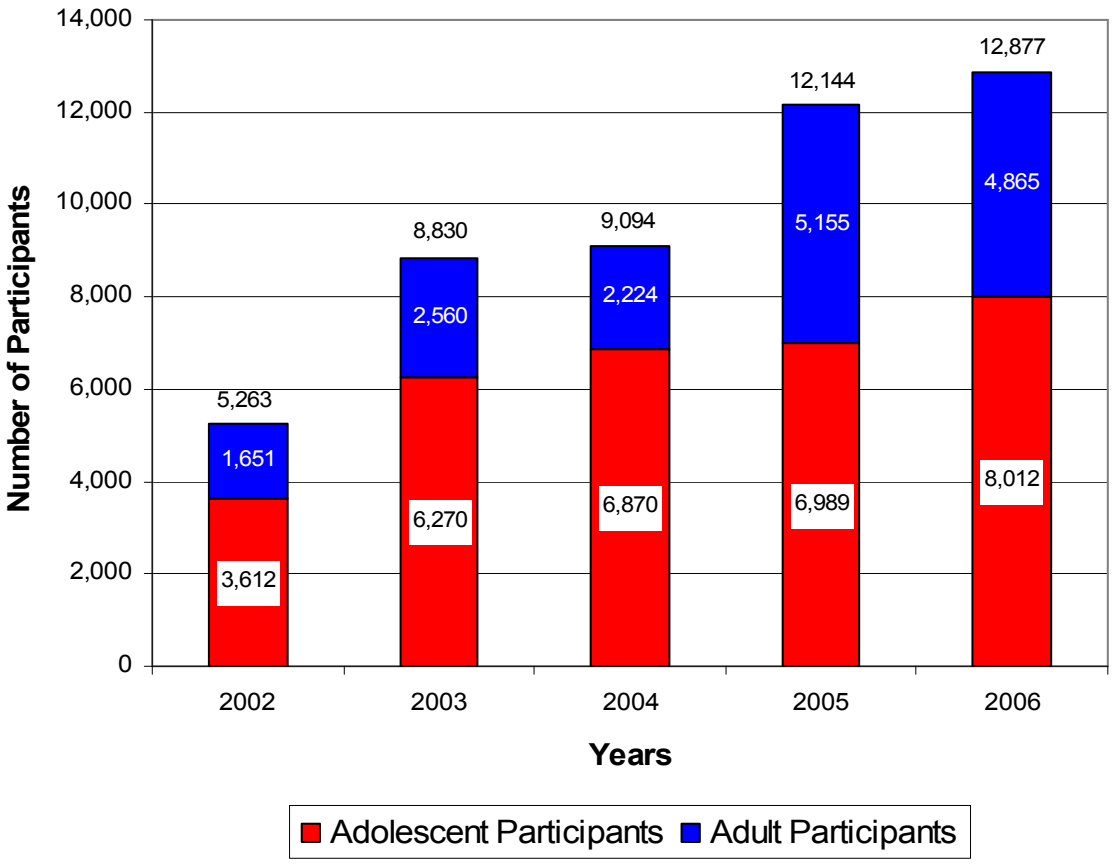


Table 12: SAPTA Prevention Participants, SFY 2002 - 2006

State Fiscal Year	Adolescent Participants	Adult Participants	Total Participants
2002	3,612	1,651	5,263
2003	6,270	2,560	8,830
2004	6,870	2,224	9,094
2005	6,989	5,155	12,144
2006	8,012	4,865	12,877

Prevention Charts and Tables Continued

Chart 14: Prevention Participants by Area Served, SFY 2002 - 2006

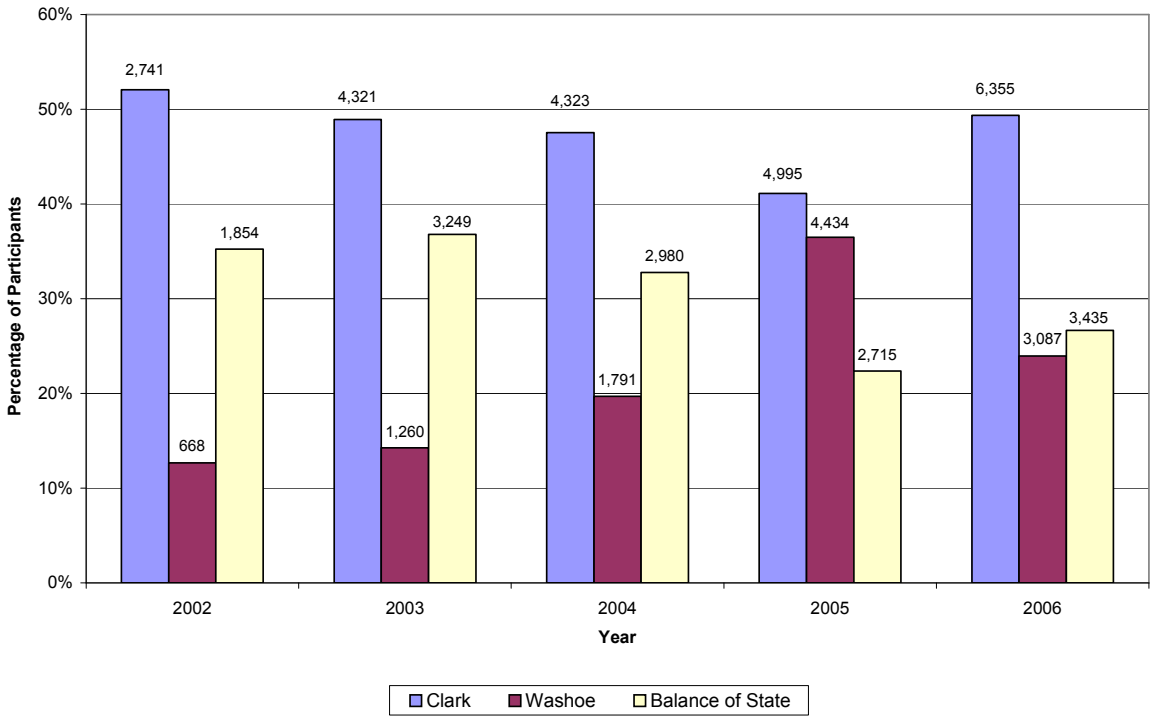


Table 13: Prevention Participants by Strategy, SFY 2006

Strategy	Total Number of Participants
Alternative Activities	613
Information Dissemination	718
Prevention Education	10,277
Problem Identification and Referral	1,269

Chart 15: Prevention Participants by Gender, SFY 2002 - 2006

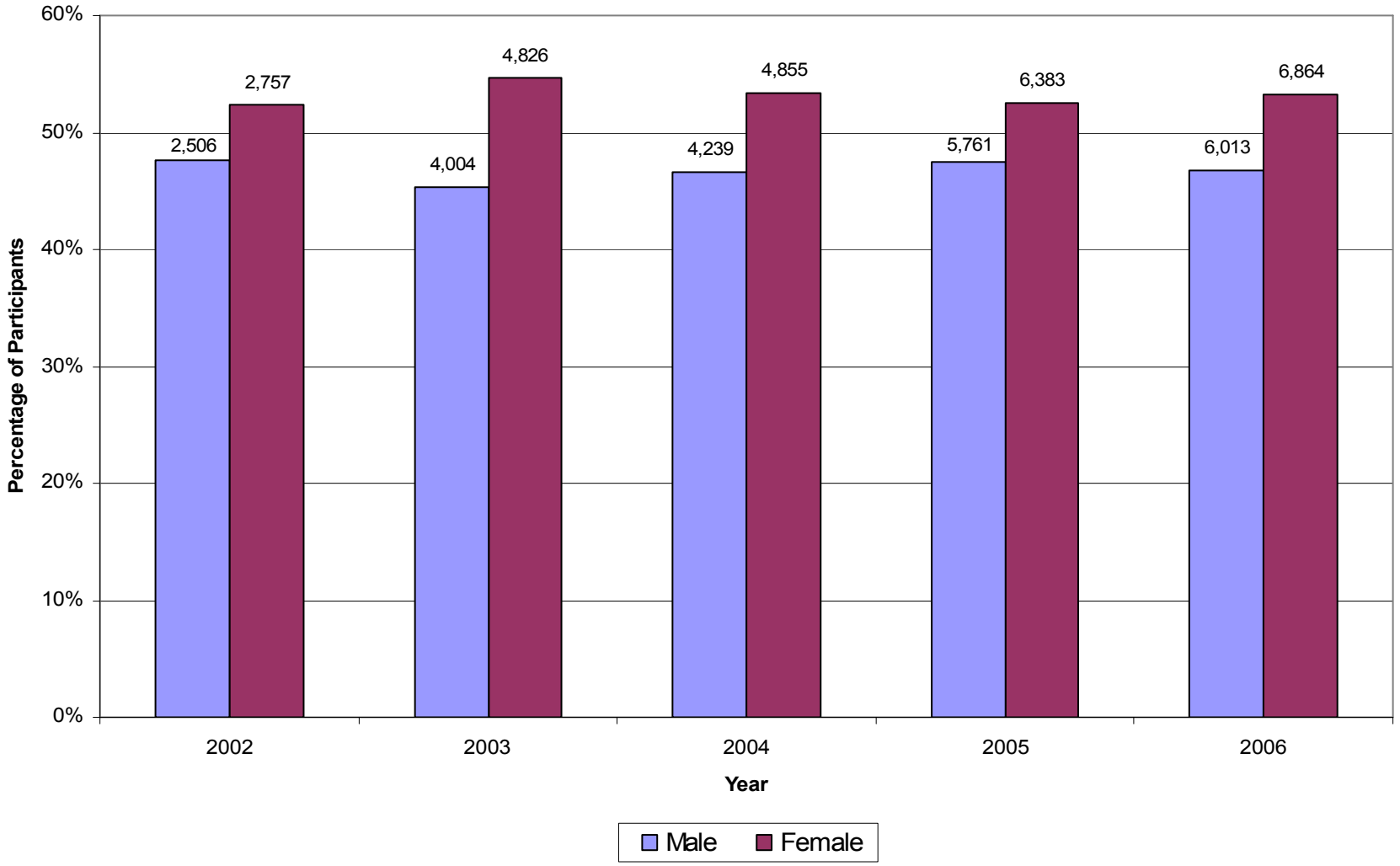
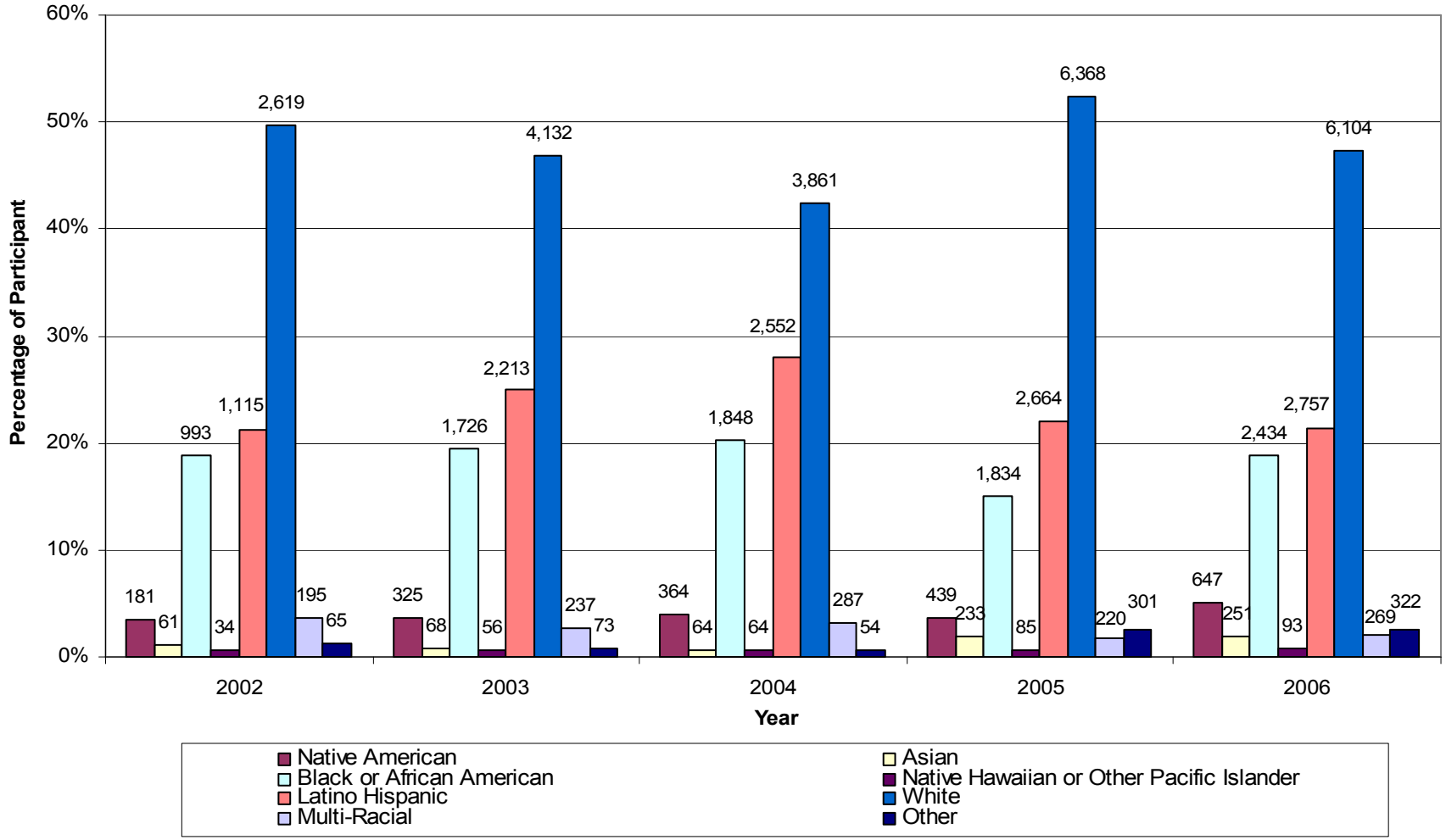
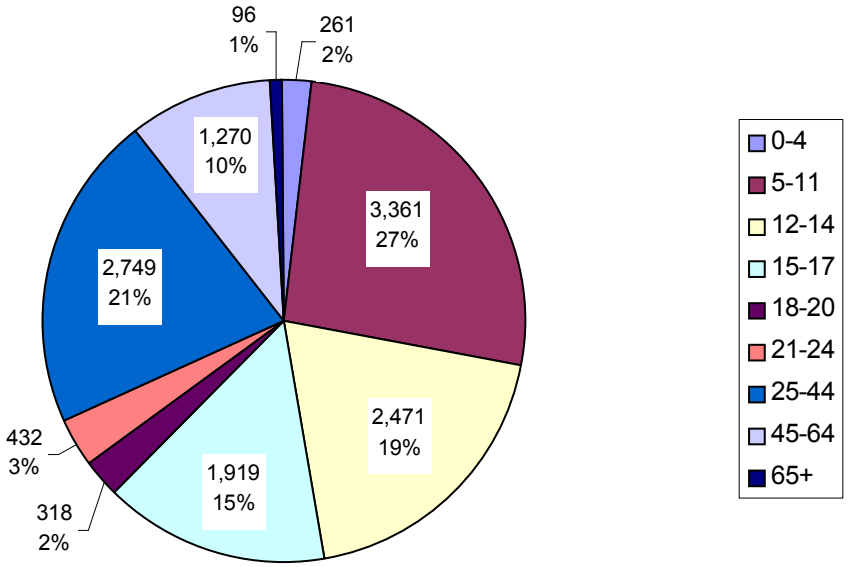


Chart 16: Prevention Participants by Race/Ethnicity, SFY 2002 - 2006



Prevention Charts and Tables Continued

Chart 17: Prevention Participants by Age Group, SFY 2006



This Area is Intentionally Left Blank

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

Prevention			Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Battle Mountain							
Battle Mountain Family Resource Center All Stars / Parenting Wisely 470 S. Broad Battle Mountain NV 89820	P F	(775) 635-2881 (775) 635-2366				a A	
St. John Bosco Catholic Church Parents Who Care P O Box 428 384 S. Reese St. Battle Mountain NV 89820	P F	(775) 635-2576 NA				a A	
Carson City							
Boys & Girls Clubs of Western Nevada Smart Moves / Life Skills 673 S. Stewart St. Carson City NV 89701	P F	(775) 882-8820 (775) 882-0250				y a	
Community Council on Youth Coalition Advancement / Community Trials Intervention to Reduce High Risk Drinking P O Box 613 625 Fairview Dr. Ste120 Carson City NV 89701	P F	(775) 841-4730 (775) 841-4733		P			
Nevada Hispanic Services All Stars 637 S. Stewart St., Ste. B Carson City NV 89701	P F	(775) 885-1055 (775) 885-7039				a	
Ron Wood Family Resource Center Parents Who Care Program 212 E. Winnie Ln. Carson City NV 89706	P F	(775) 884-2269 (775) 884-2730				a A	
Dayton							
Central Lyon County Youth Connection Be Strong Project P O Box 1865 170 Pike St. Dayton NV 89403	P F	(775) 246-0320 (775) 246-0238				a	
Central Lyon Parks and Recreation Positive Action Program P O Box 1544 Dayton NV 89403	P F	(775) 246-6227 (775) 246-6305				y	
Elko							
Boys and Girls Club of Elko Smart Moves P O Box 2114 405 Idaho St., Ste. 210 Elko NV 89803	P F	(775) 738-2759 (775) 738-2759				a	

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

			Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Elko							
Elko Band Council Alcohol Drug Px Program Project Venture 1745 Silver Eagle Dr. Elko NV 89801	P F	(775) 753-7454 (775) 753-7445				y a	
Family Resource Centers of Northeastern Nevada Parenting Wisely P O Box 2655 1401 Ruby Vista Dr. Elko NV 89803	P F	(775) 753-7352 (775) 777-9102				A	
Great Basin College Challenging College Alcohol Use 1500 College Pkwy. Elko NV 89801	P F	(775) 753-2317 (775) 753-2186		P			
Eureka							
Eureka County Juvenile Probation Dept. Drug Free Program - Tutorial P O Box 11 701 S. Main St. Eureka NV 89316	P F	(775) 237-5450 (775) 237-6005	a			y a	
Fallon							
Churchill County School District Parent Enrichment Program / Parenting Wisely 643 S. Maine St. Fallon NV 89406	P F	(775) 428-2600 (775) 423-8041				A	
Churchill Community Coalition Tobacco Prevention Environmental Strategy 97 Whitaker Ln. Fallon NV 89406	P F	(775) 423-7433 (775) 423-7504		P			
Churchill County Juvenile Probation Leadership and Resiliency Program 190 W. First St. Fallon NV 89406	P F	(775) 423-6587 x226 (775) 423-6888				a	
New Frontier Treatment Center Creating Lasting Family Connections 165 N. Carson St. Fallon NV 89406	P F	(775) 423-1412 (775) 423-4054				y a A	
Fernley							
Community Partnership Seeking Solutions of Fernley (Compass) Positive Action Program 749 E St. Fernley NV 89408	P F	(775) 575-5213 NA				y	

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

			Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Gardnerville							
Family Support Council of Douglas County Parenting Wisely PO Box 810 (Minden NV 89423) 1255 Waterloo Ln. Ste. A Gardnerville NV 89410	P F	(775) 782-8690 (775) 782-1942				A	
Washoe Tribe of Nevada and California Youth Wellness Program / Project Venture 950 Highway 395 S. Alternate Address: 919 Highway 395 S. Gardnerville NV 89410	P F	(775) 265-4191 (775) 265-7152 (775) 265-7152	y a			y a	
Goldfield							
Esmeralda County School District Positive Action Program P O Box 560 233 Ramsey St. Goldfield NV 89013	P F	(775) 485-6382 (775) 485-3511				y	
Hawthorne							
University of Nevada, Reno Cooperative Extension – Mineral County P O Box 810 314 5th St. Hawthorne NV 89415	P F	(775) 945-3444 (775) 945-2259		P			
Las Vegas							
Clark County Department of Family Services Parenting Project / Parents Who Care / Parent Teen Solutions 3900 Cambridge St., Ste. 203 Las Vegas NV 89119	P F	(702) 455-5295 (702) 455-8699				a A	
Committed 100 Men Helping Boys Positive Action Program 626 S. 9th St. Las Vegas NV 89101	P F	(702) 386-6001 (702) 386-6003				y	
Community Initiatives Group Positive Choices for Academic Success Programs / Positive Action Program 1117 Tumbleweed Ave. Las Vegas NV 89106	P F	(702) 648-1438 (702) 647-3447	y a			y a	
Jewish Family Services FACE 5659 Duncan Dr. Las Vegas NV 89130	P F	(702) 732-0304 (702) 794-2033		P			
Lutheran Social Services of Nevada Project 4 Youth P O Box 1360 800 N. Bruce St. Las Vegas NV 89125-1360	P F	(702) 639-1730 x46 (702) 939-1836	a			a A	

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

			Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Las Vegas							
Southern Nevada Area Health Education Center Parenting Wisely Program 1094 E. Sahara Ave. Las Vegas NV 89104	P F	(702) 318-8452 x248 (702) 318-8463				A	
Temporary Assistance for Domestic Crisis, Inc. Family Conflict Prevention Program P O Box 43264 (Las Vegas, NV 89116) 2915 W. Charleston, Ste. 3A Las Vegas NV 89102	P F	(702) 877-0133 x241 (702) 877-0127				y a A	
University of Nevada, Las Vegas, Counseling and Educational Services Challenging College Alcohol Abuse Program Box 452005 4505 Maryland Pkwy. Las Vegas NV 89154-9900	P F	(702) 895-0681 (702) 895-0149		P			
University of Nevada, Las Vegas, College of Education Positive Action Summer Program 4505 Maryland Pkwy. Las Vegas NV 89154-3005	P F	(702) 895-4407 (702) 895-4068	y a			y a	
Urban Academic Alliance Strengthening Families Program P O Box 13135 (Las Vegas, NV 89112) 626 S. 9th St. Las Vegas NV 89101	P F	(702) 278-3715 (702) 386-6003				y a A	
Variety Early Learning Center Al's Pal's 990 D St. Las Vegas NV 89106	P F	(702) 647-4907 (702) 647-4304				y A	
Volunteer Center of Southern Nevada FACE 3075 East Flamingo Road Ste. 100A Las Vegas, NV 89130	P F	(702) 892-2321 (702) 892-2321		P			
WestCare Nevada, Inc. Positive Action Program 5659 Duncan Dr. Las Vegas NV 89130	P F	(702) 385-2020 (702) 385-5519				y	
YMCA of Southern Nevada FACE 4141 Meadows Ln. Las Vegas NV 89107	P F	(702) 877-9622 (702) 877-0856				y	
Z-Squared Creating Lasting Family Connections Program 3075 E. Flamingo Rd., Ste. 100-A Las Vegas NV 89121	P F	(702) 614-0440 (702) 614-0400				y a	

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

		Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Lovelock						
Pershing County School District Student Success Program P O Box 389 1150 Elmherst Ave. Lovelock NV 89419	P (775) 273-2625 F (775) 273-2668				a	
Mesquite						
Virgin Valley Family Services Positive Action P O Box 1436 312 W. Mesquite Blvd., #7 Mesquite NV 89027	P (775) 346-7277 F (775) 346-1957				y	
Minden						
Douglas County Juvenile Probation Youth Intervention Project P O Box 218 1625 Eighth St. Minden NV 89423	P (775) 782-9811 F (775) 782-9808	a			y a A	
North Las Vegas						
Nevada Partners, Inc. Leadership and Resiliency Program 710 W. Lake Mead Blvd. North Las Vegas NV 89030	P (702) 399-5627 F NA				a	
Pahrump						
Even Start Family Literacy Parents Who Care 2100 S. Mt. Charleston Blvd. Pahrump, NV 89048	P (775) 727-1875 F (775) 727-7909				A	
Nevada Outreach Trng. Organization - No To Abuse Parents Who Care P O Box 2869 Pahrump NV 89041	P (775) 751-1118 F (775) 751-0134				a	
Nye County School District Project Towards No Drug Abuse 484 S. West St. Pahrump NV 89048	P (775) 727-7743 x228 F NA				a A	
WestCare Nevada, Inc. WestCare Prevention Project 1201 S. Highway 160, Ste. 114 Pahrump NV 89106	P (702) 385-2020 F (702) 385-5519				y	
Reno						
AIDS Community Cultural Educ. Program & Trng. Creating Lasting Family Connections / Parenting Wisely 2540 Sutro St., Ste. 1 Reno NV 89512-1600	P (775) 348-2050 F (775) 827-1915				a A	

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

			Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Reno							
Big Brothers Big Sisters of Nevada Community Based Mentoring Program 495 Apple St., Ste. 104 Reno NV 89502	P F	(775) 352-3202 (775) 322-8898				y a	
Bristlecone Family Reosurces Parenting Wisely / Leadership and Resiliency Prog. 1725 S. McCarran Blvd. P O Box 52230 Reno NV 89502	P F	(775) 954-1400 NA				a A	
Crisis Call Center Substance Abuse Help Line P O Box 8016 Reno NV 89507	P F	(775) 784-8085 (775) 784-8083			P		
Nevada Hispanic Services All Stars 3905 Neil Rd., Ste. 2 Reno NV 89502	P F	(775) 826-1818 (775) 826-1819				y a	
Quest Counseling and Consulting, Inc. Positive Action Program / Environmental Strategy 3500 Lakeside Ct., #101 Reno NV 89509	P F	(775) 786-6880 (775) 786-6800		P		y	
Washoe County School District Too Good for Drugs P O Box 30425 14101 Old Virginia Rd. Reno NV 89520-3425	P F	(775) 384-0332 (775) 333-5012				y a	
Washoe County School District - FRC Strengthening Families Program / Parenting Wisely P O Box 30425 425 E. 9th St. Reno NV 89520	P F	(775) 348-0333 (775) 333-5012				y A	
Schurz							
Walker River Paiute Tribe Taumuhve Subidagwatu Na-Tunidoin P O Box 220 1 Hospital Rd. Schurz NV 89427	P F	(775) 773-2522 (775) 773-2462				y a	
Virginia City							
Community Chest, Inc. Comstock Kids Tutorial P O Box 980 991 S. C St. Virginia City NV 89440	P F	(775) 847-9311 (775) 847-9335	y			y	

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

Substance Abuse Prevention and Treatment Agency

Certified Prevention Programs

SAPTA Phone #'s - North (775) 684-4190 South (702) 486-8250
SAPTA Web site address: http://health2k.state.nv.us/BADA/
January 16, 2007

			Alternative Activities	Environmental	Information Dissemination	Prevention Education	Problem ID/Referral
Winnemucca							
Frontier Community Coalition Project MAGIC P O Box 2123 737 East Fairgrounds Rd. Winnemucca NV 89446-1039	P F	(775) 623-6382 x119 (775) 623-6386				y a A	
6th Judicial District Juvenile Probation Parenting Wisely / Guiding Good Choices P O Box 1039 737 Fairgrounds Rd. Winnemucca NV 89446	P F	(775) 635-6382 (775) 635-6386				a A	
Yerington							
Boys & Girls Club of Mason Valley Smart Moves / Power Hour / Passport to Manhood 124 N. Main St. Yerington NV 89447	P F	(775) 463-2334 (775) 463-7826				y a	
Lyon Council on Alcohol and Other Drugs Keepin' It Real P O Box 981 215 W. Bridge St., Ste. 8 Yerington NV 89447	P F	(775) 463-6597 (775) 463-6598				a	

Clearinghouse

Las Vegas							
BEST Clearinghouse - South Best Clearinghouse 3075 E. Flamingo Rd., Ste. 100-A Las Vegas NV 89121	P F	(702) 385-0684 (702) 614-0400			P		
Reno							
Center for the Application of Substance Abuse Technology - Nevada Prevention Resource Center WRB 1021 MS/284, UNR Reno NV 89557-0216	P F	(775) 784-6336 (775) 327-2268			P		

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public
All Certified Prevention Programs are funded by the Substance Abuse Prevention and Treatment Agency or a local coalition.

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY

Prevention Coalitions*

January 16, 2007

BEST Coalition Corporation		
3075 E. Flamingo Rd., Ste. 100-A	Phone	Fax
Las Vegas NV 89121	(702) 385-0684	(702) 614-0400
Churchill Community Coalition		
97 Whitaker Ln.	Phone	Fax
Fallon NV 89406	(775) 423-7433	(775) 423-7504
Community Council on Youth		
P O Box 613		
625 Fairview Dr., Ste. 120	Phone	Fax
Carson City NV 89701	(775) 841-4730	(775) 841-4733
Eastern Nevada Communities Coalition		
1117 Tumbleweed Ave.	Phone	Fax
Las Vegas NV 89106-1423	(702) 880-4357	(702) 647-3447
Frontier Community Coalition		
P O Box 2123		
737 E. Fairgrounds Rd.	Phone	Fax
Winnemucca NV 89446	(775) 623-6382 x119	(775) 623-6386
Goshen Community Development Coalition		
2008 Hamilton Lane	Phone	Fax
Las Vegas NV 89106	(702) 880-4357	(702) 647-3447
Healthy Communities Coalition of Lyon & Storey County		
P O Box 517		
170 Pike St.	Phone	Fax
Dayton NV 89403	(775) 246-7550	(775) 246-7553
Join Together Northern Nevada		
Washoe County Coalition		
1325 Airmotive Way, Ste. 325	Phone	Fax
Reno NV 89502	(775) 324-7557	(775) 324-6991
Luz Community Development Coalition		
1117 Tumbleweed Ave.	Phone	Fax
Las Vegas NV 89106-1423	(702) 880-4357	(702) 647-3447
Nye Communities Coalition		
2280 East Calvada Blvd., Ste. 103	Phone	Fax
Pahrump NV 89048	(775) 727-9970	(775) 727-9971
Partners Allied for Community Excellence Coalition		
249 Third St.	Phone	Fax
Elko NV 89801	(775) 777-3451	(775) 738-7837
Partnership of Community Resources Coalition		
P O Box 651		
1528 Hwy 395, Ste. 100	Phone	Fax
Minden NV 89423	(775) 782-8611	(775) 782-4216
Statewide Native American Coalition		
P O Box 7440 (Reno, NV 89510)		
680 Greenbrae Dr., Ste. 265	Phone	Fax
Sparks NV 89431	(775) 355-0600	(775) 355-0648

* Coalitions serve as the local clearinghouse for substance abuse prevention information, funding, and coordination of community projects.

This publication was supported through Grant Number B1 NVSAPT from the U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.